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COUNTY BOROUGH OF WARRINGTON.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

ON THE

SANITARY CONDITION OF WARRINGTON DURING THE YEAR 1934.

G. W. N. JOSEPH, M.D., D.P.H.,

Medical Officer of Health, School Medical Officer, Tuberculosis Officer, and Medical Superintendent of Corporation Hospitals, Sanatorium and Maternity Home.

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County Borough of Warrington

1934

HEALTH COMMITTEE.

Mayor:
COUNCILLOR AUSTIN M. CROWE, J.P.

Chairman:
ALDERMAN FRANK STRINGER, J.P.

Deputy-Chairman:
ALDERMAN DAVID PLINSTON, J.P.

ALDERMAN	TINNION, J.P.	COUNCILLOR	MAKIN
,,	BROADHURST, J.P.	,,	POOLE, J.P.
,,	ARCHER.	,,	ROBERTS.
COUNCILLOR	CROWE, J.P.	,,	SEABURY.
,,	FLANAGHAN	,,	STARKEY.
,,	LOCKER, J.P.	,,	THOMASSON.

Maternity and Child Welfare Committee.

All the members of the Health Committee, together with the following Co-opted Members :—

MRS. HAZELDENE.

MISS CLARKE.

Blind Persons Act Sub-Committee.

All the members of the Health Committee, together with the following Co-opted Members :—

MR. REX FURNESS
,, J. HAWTHORN.
,, KILDUFF
,, R. CARTWRIGHT
,, WARBURTON.

Boarding Out Committee:
(Sect. 98 Public Assistance Order, 1930).

All the Members of the Maternity and Child Welfare Committee, together with Mrs. Cunningham, Mrs. Jowett and Mrs. Starkey.

Town Clerk:
A. T. HALLAWAY, ESQ.

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PUBLIC HEALTH STAFF.

Office Held	Name.	Qualifications.	Other Offices Held.
(*a*) *Medical.*			
Medical Officer of Health	G. W. N. Joseph	M.D., B.Ch., D.P.H.	School Medical Officer, Tuberculosis Officer, Maternity and Child Welfare Officer, Medical Superintendent of Corporation Hospitals.
Asst. Medical Officer of Health	C. A. Paulusz	L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.&S. (Glas.), L.M.R.C.P.I., D.P.H.	Assistant School Medical Officer.
,, ,, ,,	Annie Mather	M.B., Ch.B., D.P.H.	Assistant Maternity and Child Welfare Officer.
,, ,, ,,	J. A. Delmege, O.B.E.....	M.R.C.S., L.R.C.P., D.P.H.	Assistant Tuberculosis Officer.
Male Resident Medical Officer (Borough General Hospital	Max. W. Robinson	M.R.C.S. (Eng.) L.R.C.P. (Lond.)	
Female Resident Med. Officer (Borough General Hospital)	Winifred M. Doran	L.R.C.P. & L.R.C.S. (Edin.), L.R.F.P.&S. (Glasgow)	
Visiting Med. Officer (Borough General Hospital)	Ian Ogilvie	M.B., Ch.B.	Part time.
Venereal Diseases Officer	Ellis Pigott	M.B., Ch.B.	Part time.
School Dental Officer....	Edward Crosbie	L.D.S.	
,, ...	Leslie C. Winstanley	L.D.S.	
Dental Officer (Borough General Hospital)	J. Ellis	L.D.S.	Part time.
Throat and Nose Surgeon	George E. Archer	M.B., Ch.B., F.R.C.S.	Part time.
X-Ray and Eye Surgeon	Ed. Fox....	F.R.C.S.	Part time.
Orthopædic Surgeon	Harman Taylor	M.B., Ch.B.	Part time.
Obstetric Surgeon (Cæsarian operations)	C. M. Eynon	M.D., C.M., F.R.C.S.....	Part time.
District Medical Officer (1)	D. Meikle	M.B., Ch.B.	Part time.
District Medical Officer (2)	G. A. Sinclair	M.B., Ch.B.	Part time.
Public Vaccinator (1)	Jas. Bennett	M.R.C.S., L.R.C.P. D.P.H.	Part time.
Public Vaccinator (2)	G. A. Sinclair	M.B., Ch.B.	Part time.
Pathologist	H. A. Mitchell	M.D.	Part time.
(*b*) *Others.*			
Veterinary Surgeon (1)	H. H. Ferguson	M.R.C.V.S	Part time.
Veterinary Surgeon (2)	C. T. Trevers	M.R.C.V.S.	Part time.
Public Analyst....	J. G. Sherratt	B.Sc., F.I.C	Analyst under the Fertilizer and Feeding Stuffs Act.
Sanitary Inspector	W. T. Flood (Chief)	Cert. of R. San. Inst.	Inspector of Food and Drugs. Inspector of Contagious Diseases of Animals. Inspector of Canal Boats. Inspector of Shops Acts. Inspector of Poisons and Pharmacy Acts.
,, ,, ...	John Stevens	R.S.I. Certificate, Meat Inspector's Cert.	Inspector under Shops Acts. Housing Inspector.
, ,, ...	James Snailham	R.S.I. Certificate, Meat Inspector's Cert.	Special Tuberculosis Work.
,, ,, ...	Ernest Barton	R.S.I. Certificate, Meat Inspector's Cert.	General District Work.
,, ,, ...	Wm. H. Molyneaux	R.S.I. Certificate and Meat Certificate.	General District Work.
,, ...	Douglas E. Watson ...	R.S.I. Certificate and Meat Certificate.	General District Work
, ...	Robert L. Winstanley....	R.S.I. Certificate	Infectious Diseases Work

PUBLIC HEALTH STAFF—*continued.*

Office Held.	Name.	Qualifications.	Other Offices Held.
(*b*) *Others* (*continued*).			
Vaccination Officer	A. E. Price		Part time.
Matron of Isolation Hospital	Miss D. Sandy....	General Trained, Fever Trained, State Registered.	Resigned.
	Miss N. Roberts		Appointed 4th April, 1934.
Matron of Borough General Hospital	Miss Hannen	General Trained, C.M.B. Certificate, State Registered Nurse, F.B.C.N.	
Matron of Hefferston Grange, Sanatorium, Weaverham	Miss E. F. Yaxley	Tuberculosis and Fever Trained	
Maternity Home	Miss M. Morris	General Trained C.M.B. Cert.	
Steward, Borough General Hospital	Edward J. Marron		
Inspector of Midwives....	Miss Knott	C.M.B. Cert., R.S.I. Cert.	Also Health Visitor.
Health Visitor	Mrs. Washington	C.M.B. Cert., R.S.I. Cert.	——
,, ,, ...	Miss Barlow	C.M.B. Cert., R.S.I. Cert.	——
,, ,, ...	Miss Cawley	General Training, C.M.B. Cert. and Health Visitor's Cert.	——
,, ,, ...	Miss Sampson	General Training, C.M.B. Cert.	——
,, ,, ...	Miss Mawdsley	General Training, C.M.B. Cert. and Health Visitor's Cert.	——
Tuberculosis Nurse	Miss Pettie	R.S.I. Certificate	——
School Nurse	Miss Brown	General Certificate	
,, ,, ...	Miss Griffith	General Certificate, Hygiene Cert. (Queen's)	
,, ,, ...	Miss Wright	General Certificate Fever Trained	
,, ,, ...	Miss Webb	General Certificate, Children's and Fever Hospitals Certificates	Resigned, August 1934.
,, ,, ...	Miss Abraham....		Appointed Sept. 1st, 1934
,, ,, ...	Miss Gray	General Certificate, C.M.B., and Health Visitor's Certificate.	On leave since September 1st, 1934.
,, ,, ...	Miss Coventry....	General Certificate, Mid. S.G.M., Children's Cert. R.S.I.	Temporary Appointment
Dental Attendant	Miss A. Shaw		
Clerks	Wm. Lawless		Chief Clerk.
,, ...	Wm. Knowles		Accounts and Stores Clerk.
,, ...	Miss V. Dwerryhouse....		Typist.
,, ...	Ernest Tarbuck		Clerk.
,, ...	Bezley Trepass....		,,
, ...	Harold Plinston		,, T.B. Dispensary.
,, ...	Albert Duckworth		,,

To the Chairman and Members of the
Health Committee.

Gentlemen,

I beg to submit to you my Twenty-Second Annual Report (and the 58th of the series) on the Health Conditions of the Borough, namely, that for the year 1934.

It contains the information required by the Minister of Health and in accordance with Circular 1417 as to the "Contents and Arrangement of the Annual Reports of Medical Officers of Health" it is an "Ordinary" Report as distinct from the Quinquennial "Survey" Report, which will be due again for the year 1935.

The **Population** at the mid-year 1934 was assessed by the Registrar-General as 80,950, compared with 79,322 at the Census in 1931.

Our **General Death Rate** for 1934 was 11.6 per 1,000 persons living, compared with 12.4 per 1,000 the previous year.

The **Birth Rate** was 17.3 per 1,000 compared with 16.02 per 1,000 in 1933.

The **Infantile Mortality Rate** was 74 per 1,000 children born, compared with 73 per 1,000 the year before.

The **Maternal Mortality Rate** was 3.4 per 1,000 births compared with a Rate of 4.6 per 1,000 for England and Wales as a whole.

These statistics compare favourably with the rest of the Lancashire County Boroughs (page 14), and with England and Wales as a whole (page 12).

The progressive fall in the Death Rate due to tuberculosis is well maintained, and once more I have pleasure in recording that is was in 1934 the lowest on record for the town (page 94).

There was a serious epidemic of Diphtheria, in common with many other parts of the country, during the whole of the year, and some particulars are given on page 83 *et seq*.

Throughout the Report the Statistics show what a very large amount of work was carried out during 1934. In certain branches we have received great assistance from voluntary workers, and I would like once again to express our gratitude to the Ladies' Committee of the Mothers' and Babies' Welcome for their invaluable assistance at the Consultation Centres.

We are also indebted to the members of the Warrington Rotary Club and Council of Social Service for providing a week's holiday at Prestatyn for a number of necessitous mothers.

Some feature of the work deserving of special mention are :—

1. The first Survey of the Health Services of the Borough (necessitated by the changes brought about by the operation of the Local Government Act, 1929), was conducted by the officers of the Minister of Health in the early part of the year, and the report and comments thereon will be found in the Appendix (page 115).

2. Considerable progress was made in the formulation of our scheme for alterations and improvements at the Borough General Hospital, and a special report summarising the position is given in the Appendix (page 125).

3. Increased hospital accommodation, amounting to 24 beds, was obtained by co-operation with the Public Assistance Committee in providing excellent wards for certain chronic cases in the Institution, which relieved the accommodation in hospital to that extent.

4. Alterations were made to the Old Nurses' Home, at Aikin Street Hospital, whereby a nursery and day room were provided for healthy children up to 3 years of age who had hitherto been accommodated in the wards of the General Hospital (page 30).

5. Grave consideration was given to the question of the establishment of a Public Abattoir, and especially to the necessity for closing certain of the Private Slaughter-houses in the Borough. (page 72).

6. Steady progress has been made in our work of demolition of the slums and the re-housing of persons living in insanitary property (page 64 *et seq.*).

7. The conditions of a "free choice of doctor" scheme for a Domiciliary Medical Service of necessitous persons under the Public Assistance Committee to replace the old system of District Medical Officers are given in the Appendix (page 133).

8. Consideration was given to Circular 1337 (A) of the Ministry of Health (Prevention of Deafness in Children), and it was decided to establish a Special Clinic for Children under 5 years of age, suffering from defects of the throat, nose or ears, who require the advice of a specialist (page 45).

9. The Local Authority has shown much interest in the prevention of blindness, and following a special report on the subject, in December, 1933, application was made to the Minister of Health for approval to a scheme under Section 66 of the Public Health Act, 1925. Some remarks on the working of the scheme during 1934 are given on page 104.

Changes in Staff.

Dr. Annie Mather submitted her resignation as Assistant Maternity and Child Welfare Medical Officer, at the end of the year, having obtained a similar post in Liverpool, and arrangements were made to appoint a successor in 1935.

The Matron of the Isolation Hospital (Miss D. Sandy), resigned early in the year on obtaining an appointment at Eastbourne, and Miss N. Roberts, of Stafford, was appointed in her stead on 4th April, 1934.

For all the valuable work carried out in every branch during 1934 I have to thank the whole of the staff, and I would like to take this opportunity of placing on record my appreciation of the cordial support always afforded to me by the members of the Health Committee and the Council.

I am, Ladies and Gentlemen,

Your Obedient Servant,

G. W. N. JOSEPH.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

SOCIAL CONDITIONS.—Warrington is mainly an industrial town, and owing to the variety of manufactures carried on, *e.g.*, wire, iron and steel, chemicals, soap, cotton, glass, brewing tanning, etc., does not suffer from unemployment to the same extent as some of the other Lancashire County Boroughs. The figures for unemployment kindly supplied me by Mr. Fielder, show the position in Warrington for the five years 1930-1934 :—

TOTAL UNEMPLOYED.

1930.	1931.	1932.	1933.	1934.
27.1.30–5039	26.1.31–6769	25.1.32–6851	23.1.33–6657	22.1.34–4768
22.12.30–6719	21.12.31–5422	19.12.32–6392	18.12.33–4282	17.12.34–4856

INSURED PERSONS.

The number of insured persons in the Borough entitled to Medical Benefit on the 1st January, 1935, was 35,481, for which information I am indebted to Mr. Alfred Tilling (Clerk to the Warrington Insurance Committee).

PHYSICAL FEATURES.

Some remarks on the physical features and general character of the town were included in the Report for 1919.

VITAL STATISTICS.

Area					4532 acres
Population (Census 1931)					79322
,, (R.G. 1934) (Extended Borough)					80950
Number of separate dwellings occupied (1931)					17341
Number of families or separate occupiers (1931)					18474
Rateable value (1st April, 1934)					£366932
Sum represented by a penny rate					£1415
		Total	M.	F.	
Live Births	Legitimate	1356	703	653	Birth Rate 17.3
	Illegitimate	45	24	21	
Still Births 64	Rate per 1000 total births				43.6
Deaths 943	Death Rate				11.6
Percentage of total deaths occurring in Public Institutions					48.6
Number of women dying in, or in consequence of, childbirth	from sepsis				1
	from other causes				4
Deaths of Infants under One year of age per 1000 live births					74
Legitimate 100; Illegitimate 4 Total					104
Deaths from Measles (All ages)					13
,, ,, Whooping Cough (All ages)					9
,, ,, Diarrhœa (under 2 years of age)					7

AREA.—The Area of the Borough was increased by 1,387 acres from the 1st April, 1933, by the operation of the Warrington Extension Act, 1932, which brought the following Areas within the Borough :—

	Population.	Area by acres.	Rateable Value.
Burtonwood (part of)	21	178	£265
Great Sankey	Nil	47	5
Winwick-with-Hulme (part of) (including Orford)	1614	669	7099
Grappenhall (part of)	173	93	1880
Latchford Without (part of)	Nil	9	184
Stockton Heath (part of)	Nil	4	86
Walton Inferior	333	387	2919
	2141	1387	£12,438

The total acreage of the Borough, therefore, was increased from 3,145 to 4,532 acres as from that date.

POPULATION.—The Registrar-General's estimate for the mid-year 1934 was 80,950 (compared with the 1931 Census figures of 79,322), and last year's estimate of 81,710.

The number of dwellings and persons in the various wards of the town, according to the Census, were given in the 1931 Report. The decennial increases of population, too, from 1831 to 1931, were shown in that Report.

BIRTHS.—There were 1,536 births registered of children born in this borough in 1934; 147 births belonged to parents resident outside Warrington, while 12 children were born outside the borough to parents resident within.

Deducting the 147 births from the total registered, 1,536, and adding the 12 births, we have accredited to Warrington 1,401 births (727 males and 674 females).

The birth-rate for Warrington per 1,000 living of the population was 17.3 in 1934, compared with 16.02 in 1933, and 14.8 for England and Wales as a whole.

The total number of illegitimate births was 45 (24 males, 21 females). This number shows an increase from the previous year, when 34 such children were born.

MARRIAGES.—There were 820 marriages during the year, the rate per 1,000 of population being 10.1. In 1933 there were 738 marriages, giving a rate of 9.0.

DEATHS.—1,015 deaths were registered as occurring in the Borough during 1934. Of these, however, 126 were non-residents. During the same period 54 deaths have been reported as having occurred outside the district of persons usually resident in Warrington. Adding these and deducting the non-residents we have a total of 943 deaths accredited to Warrington for 1934, compared with 1,007 in 1933, a decrease of 64.

This gives us a death-rate of 11.6 per 1,000 persons living during 1934, compared with 12.4 in 1933, and 12.2 in 1932.

The death-rate for England and Wales was 11.8 for the 121 County Boroughs and great towns, and for London 11.9.

Our statistics again compare favourably with those of the other Lancashire industrial towns as taken from the Annual Return of the Registrar-General (see page 14). In fact it will be seen that Warrington has on this occasion the lowest general death-rate of them all except Bootle.

Table comparing the Vital Statistics of Warrington with the average for the County Boroughs and for England and Wales as a whole.
(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only.)

	Rate per 1,000 Total Population		Annual Death-rate per 1,000 Population.									Rate per 1,000 Live Births.		Percentage of Total Deaths.			
	Live Births.	Still-births.	All Causes.	Typhoid and Para-typhoid Fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhœa and Enteritis (under two years).	Total Deaths under one year.	Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M. No Inquest.	Uncertified Causes of Death.
England and Wales	14.8	0.62	11.8	0.00	0.00	0.09	0.02	0.05	0.10	0.14	0.54	5.5	59	90.4	6.5	2.1	1.0
121 County Boroughs and Great Towns, including London	14.7	0.66	11.8	0.00	0.00	0.12	0.02	0.06	0.11	0.12	0.47	7.4	63	90.5	6.1	2.9	0.5
1— Smaller Towns (Estimated Populations, 25,000—50,000) at census 1931	15.0	0.67	11.3	0.00	0.00	0.07	0.02	0.04	0.09	0.14	0.42	3.6	53	91.2	6.1	1.6	1.1
London	13.2	0.50	11.9	0.00	0.00	0.20	0.02	0.07	0.11	0.12	0.56	12.6	67	87.7	6.3	6.0	0.0
Warrington	17.3	0.7	11.6	0.00	0.00	0.16	0.06	0.11	0.49	0.18	0.7	4.9	74	90.3	7.1	0.5	2.0

		Puerperal Sepsis.	Others.	Total.
The maternal mortality rates for England and Wales are as follows :	per 1,000 Live Births....	2.03	2.57	4.60
	,, ,, Total Births....	1.95	2.46	4.41
,, ,, County Borough of Warrington :	per 1,000 Live Births	0.7	2.8	3.5
	,, ,, Total Births....	0.68	2.7	3.4

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF WARRINGTON.

CAUSES OF DEATH	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	537	66	10	29	33	27	22	32	58	91	113	56
	F	406	38	12	14	22	18	23	36	35	64	89	55
1 Typhoid and paratyphoid fevers	M												
	F												
2 Measles	M	7		2	5								
	F	6		6									
3 Scarlet fever	M	3			1	2							
	F	2		1	1								
4 Whooping Cough	M	5	4		1								
	F	4		1	1	2							
5 Diphtheria	M	23	1		7	15							
	F	17	1		5	9	1			1			
6 Influenza	M	11					2	1	3	1	3	1	
	F	4				1				1	1	1	
7 Encephalitis lethargica	M	3									2	1	
	F	1					1						
8 Cerebro-spinal fever	M	1				1							
	F												
9 Tuberculosis of respiratory system	M	33					4	4	3	13	7	2	
	F	23				2	8	5	2	3	2	1	
10 Other tuberculous diseases	M	6	1		2		2		1				
	F	6			1		1	2	2				
11 Syphilis	M	2				1	1						
	F												
12 General paralysis of the insane, tabes dorsalis	M	2									1	1	
	F	2							1	1			
13 Cancer, malignant disease	M	79					1	2	2	13	29	29	3
	F	53							5	7	22	14	5
14 Diabetes	M	3							1			2	
	F	8								1	5	2	
15 Cerebral hæmorrhage, etc.	M	12								1	4	5	2
	F	29							2	3	6	11	7
16 Heart disease	M	74			1	1	1	4	3	5	17	26	16
	F	81				1	3	5	10	10	14	19	19
17 Aneurysm	M	3				1					1	1	
	F	1								1			
18 Other circulatory diseases	M	18								3	1	6	8
	F	8										4	4
19 Bronchitis	M	26	3	1	1		1	1		3	4	7	5
	F	19	1	1				1	1		1	10	4
20 Pneumonia (all forms)	M	57	16	4	5	6	1	4	6	6	5	4	
	F	24	4	1	5		1	2	2		2	6	1
21 Other respiratory diseases	M	7						1			2		4
	F	8		1						1		2	4
22 Peptic ulcer	M	4					1	1	1	1			
	F	1										1	
23 Diarrhœa, etc.	M	5	3		1					1			
	F	7	4						1		1		1
24 Appendicitis	M	2								1	1		
	F	2					1				1		
25 Cirrhosis of liver	M	1										1	
	F												
26 Other diseases of liver, etc.	M	1										1	
	F	2									1	1	
27 Other digestive diseases	M	7	1			1		1	1			2	1
	F	11	2			2		1	1	1		1	3
28 Acute and chronic nephritis	M	12			1		3	1	1	1	2	3	
	F	7						1		1	1	3	1
29 Puerperal sepsis	F	1							1				
30 Other puerperal causes	F	4						3	1				
31 Congenital debility, premature birth, malformations, etc.	M	36	36										
	F	23	23										
32 Senility	M	9										1	8
	F	4											4
33 Suicide	M	9						1	2	2	1	2	1
	F												
34 Other violence	M	37	1	2	2	3	7	1	4	3	3	7	4
	F	13	1	1		1	1	1	1	1		5	1
35 Other defined diseases	M	35		1	2	2	3		4	4	7	8	4
	F	29	2		1	4	1	2	6	2	4	6	1
36 Causes ill-defined, or unknown	M	4									1	3	
	F	6								1	3	2	

CAUSES OF DEATH.—The causes of death at the different periods of life are given in the table on page 13.

Of the total 943 deaths, 111 were aged 75 years or over (compared with 162 in 1933, and 158 in 1932).

One-third of the deaths occurred in the age periods 65 onwards.

CAUSES OF DEATH IN ORDER OF FREQUENCY.

		1934	1933
1.	Heart Disease	155=16.4%	175=17.4%
2.	Cancer	132=14.0%	126=12.5%
3.	Pneumonia	81=8.5%	75=7.4%
4.	Tuberculosis	68=7.2%	80=7.9%
5.	Congenital Debility, Premature Birth Malformation,&c.	59=6.2%	53=5.2%
6.	Bronchitis	45=4.7%	40= 3.9%
7.	Diphtheria	40=4.2%	7=0.7%
8.	Cerebral Hæmorrhage	41=4.3%	43=4.2%
9.	Other Circulatory Diseases (*e.g.*, Arterio Sclerosis	26=2.7%	39=3.8%
	Total Deaths =	943 (1934)	1007 (1933)

The most noteworthy features about the foregoing are that pneumonia seems to have displaced tuberculosis as the third most frequent cause of death, the latter disease now taking fourth place. Cancer again accounts for a higher proportion of deaths (see also page 90), whereas there is apparently a slight reduction in those due to heart disease, and other circulatory diseases, and to cerebral hæmorrhage.

The following table compares our main Statistics with those of other Lancashire Industrial Towns, the figures being obtained from the Registrar-General's Annual Summary.

	Population.	Birth Rate.	Death Rate.	Infantile Death Rate
England and Wales ...	...	14·8	11·8	59
Barrow-in-Furness ...	64,750	18·6	13·0	98
Blackburn	119,880	12·0	13·3	57
Bolton	176,200	12·7	12·2	53
Blackpool	116,550	10·6	13·2	59
Bootle	76,800	21·4	12·8	75
Burnley	94,300	11·8	13·5	70
Bury	60,100	12·3	14·2	84
Liverpool	856,850	20·5	13·2	80
Manchester ...	754,600	15·3	12·6	69
Oldham	135,200	12·5	14·5	72
Preston	117,490	14·2	13·7	69
Rochdale	94,450	12·4	14·6	78
St. Helens	108,240	19·1	10 6	65
Salford	213,850	15 0	13·7	92
Southport	79,100	10·9	13·5	47
Warrington	**80,950**	**17·3**	**11·6**	**74**
Wigan	84,750	17·4	12·4	67

UNCERTIFIED DEATHS.

The following causes of death (19 in all) were not certified by a medical practitioner :—

Under 1 year	1/5 years	5/15 years	15/25 years	25/65 years	65 and upwards	
2	1	—	1	10	5	Total 19

Fatalities on the highways of this country reach such a large total every year that the problem of prevention has necessarily become very prominent. The following are the figures relative to Warrington :—

ROAD DEATHS, 1934.

	Warrington residents killed in Borough.	Warrington residents killed outside Borough.	Residents belonging to outside killed in Warrington.
Under 1 year	—	—	—
1 to 2 years.....	1	—	—
2 to 5 years.....	1	—	—
5 to 15 years	1	—	—
15 to 25 years.....	—	2	1
25 to 35 years.....	—	—	1
35 to 45 years.....	—	2	1
45 to 55 years.....	1	1	—
55 to 65 years.....	—	—	—
65 to 75 years.....	2	1	—
	6	6	3

INFANT MORTALITY.

There were 104 deaths of infants under 1 year of age during 1934, compared with 95 in the previous year, but instead of only 1,299 births (1933) there were 1,401 births in 1934.

As the infant mortality rate is based on the number of deaths per 1,000 births, the death-rate among infants in 1934, viz., 74, was lower than in 1933, although there were actually more deaths.

The proportion of deaths in the first month of life, 52 out of 104, or 50%, generally ascribed to ante-natal factors—that is to factors acting before the birth of the child—was lower than usual (in 1933 there were 60 out of 95, *i.e.*, 63%). For the second year in succession there were no deaths from Measles, though 4 were due to Whooping Cough and 2 to Diphtheria.

No less than 39 were certified as due to Premature Birth, whilst Broncho-Pneumonia accounted for 20, and Congenital Marasmus for 12.

Gastro-Enteritis was not so prevalent, although the summer was a hot, dry one. There were only 4 deaths, 1 in May and 3 in July.

Thirty-two of the babies were born and died in hospital, and of the remainder only 20 were breast fed (*i.e.*, out of 70 deaths, 71% were artificially fed babies). The home conditions were reported poor in six cases.

Altogether 63 cases died in hospital.
39 in the Borough General Hospital.
10 in the Maternity Home.
6 in the Infirmary.
8 in Aikin Street Hospital.

INFANT DEATHS DURING THE YEAR

(Under 1 year.)

CAUSES OF DEATH	Under 1 Week.	1–2 Weeks.	2–3 Weeks.	3–4 Weeks.	Total under 1 Month.	1–3 Months.	3–6 Months.	6–9 Months.	9–12 Months.	Total Deaths under 1 Year.
Smallpox										
Chickenpox										
Measles										
Scarlet Fever										
Whooping Cough						2		2		4
Diphtheria and Croup							1	1		2
Erysipelas										
Tuberculous Meningitis									1	1
Abdominal Tuberculosis										
Other T.B. Diseases										
Meningitis (not T.B.)							1		2	3
Convulsions				1	1	2	1			4
Laryngitis										
Bronchitis						2	1		1	4
Pneumonia (all forms)				2	2		6	7	5	20
Diarrhœa						1	1			2
Enteritis						2	2	1		5
Gastritis										
Syphilis										
Rickets										
Suffocation (overlying)	1				1					1
Injury at birth										
Atelectasis	1				1					1
Violence								1	1	2
Congenital Malformation	1				1	1				2
Premature Birth	39				39					39
Atrophy, Debility and Marasmus	3		1	1	5	3	3		1	12
Other Causes	1	1			2					2
	46	1	1	4	52	13	16	12	11	104

CHILDREN AGED 1 TO 5 YEARS.

The following table shows the number of deaths up to 5 years of age for the past 6 years :—

	No. of Births.	—1	1—2	2—3	3—4	4—5	Total
1934	M.R., 74 / 1401	104	22	19	11	13	169
1933	M.R., 73 / 1299	95	21	10	5	4	135
1932	M.R., 87 / 1381	121	28	17	7	8	181
1931	M.R., 100 / 1484	149	36	8	7	11	211
1930	M.R., 65 / 1554	101	30	18	8	12	169
1929	M.R., 100 / 1547	155	53	26	21	12	267

(M.R., Mortality Rate).

Some particulars with regard to the work of the Health Visitors amongst children aged 1 to 5 years are given on pages 36-39.

STILL-BIRTH INVESTIGATIONS.

Altogether 72 still-births occurring in the town during 1934 came to our knowledge, and in the majority of instances visits were paid and investigations were made by the Health Visitors into the cases. These occurred as follows :—

In the practices of doctors	7
,, ,, ,, of midwives	20
In institutions	45
	72

Particulars were obtained of 67 cases.

The probable causes ascribed for the death of the fœtus were :

Causes acting before labour :—

Maceration	11
Ante-partum Hæmorrhage	14
Illness of the Mother	3
Albuminuria	10
Prematurity	8
	46

Causes acting during labour :—

Malpresentation	10
Deformity of the Child	7
Difficult labour	4
	21

MATERNAL MORTALITY.

There were 5 deaths of mothers due to child-birth, compared with 6 in 1933 and 4 in 1932.

This gives us a Maternal Mortality Rate of 3.4 per 1,000 (live and still) births, compared with a rate of 4.6 per 1,000 for England and Wales as a whole.

Careful investigations were made in every case in collaboration with the doctor who had attended the case, and full particulars were furnished to the Ministry of Health.

The following points were elicited :—

CAUSES—

Puerperal septicæmia	1
Eclampsia	2
Heart failure and anæmia	1
Placente praevia	1
	5

HOME CONDITIONS.—

In good circumstances	=	3
In poor circumstances	=	2

AGE AND PARITY.—

Primiparas (1st confinement)	=	2
Multiparas (not 1st confinement)	=	3

Ages ranged from 27—37 (average 31 years).

SUPERVISION.—

1 case attended Ante-Natal Clinic.
1 case attended own doctor.
3 cases attended their midwife.

WHERE CONFINEMENT TOOK PLACE.—

Borough General Hospital—1 case.

(Placente praevia).

Own Home.—3 cases.

1 Puerperal septicæmia.
1 Eclampsia.
1 Heart failure due to anæmia.

Maternity Home.—1 case.

1 Eclampsia.

Maternal Mortality.

Date	No. of Maternal deaths	Infant Mortality rate.	Maternal Mortality rate per 1000 births.		No. who had antenatal supervision.				No. who had no A.N. supervision.	Total attending A.N.C		Not attending A.N.C.	No. of Births living and stillborn.
			Warrington.	England & Wales.	A.N. clinic	Own Dr.	Midwife.	Total					
1927	10	77	6.4	4.11	2	2	1	5	5	449	(28%)	1107	1556
1928	7	64	4.49	4.43	1	1	3	5	2	477	(30.5%)	1080	1557
1929	6	100	3.7	4.33	–	1	–	1	5	496	(31%)	1104	1600
1930	6	65	3.6	4.40	–	3	–	3	3	684	(44%)	870	1654
1931	10	100	5.9	4.11	2	4	2	8	2	817	(48%)	854	1671
1932	4	87	2.7	4.24	3	1	–	4	–	893	(51%)	658	1475
1933	6	73	4.38	4.23	3	2	–	5	1	870	(58%)	832	1369
1934	5	72	3.4	4.41	1	1	3	5	—	981	(67%)	470	1465

PUERPERAL FEVER.

	1934	1933	1932	1931	1930	1929	1928
No. of cases.	2	3	4	6	4	3	7
Deaths	1	3	1	5	1	2	2
Mort. Rate per 1,000 population.	.01	.03	.01	.06	.01	.02	.02
No. of Births (including Stillbirths)	1465	1369	1475	1671	1654	1600	1557
Mort. Rate % on No. of Births	=.07%	=.2%	=.06%	=.3%	=.06%	=.12%	=.12%

The incidence of Puerperal Fever and Puerperal Pyrexia per 1,000 births contrasted with the incidence in England and Wales as a whole is given on pages 80 and 81.

SECTION B.

General Provision of Health Services for the Area.

LOCAL GOVERNMENT ACT, 1929.

The Local Authority's Scheme under the above Act and a survey of the transferred Poor Law Hospital, etc., were contained in the Annual Report for 1930, and need not be repeated here.

Particulars of the transferred services for Vaccination, Infant Life Protection, Hospitals, etc., will be found under the appropriate headings.

DISTRICT MEDICAL SERVICES.

The two part-time district Medical Officers who were transferred to the Local Authority carried out their duties carefully during the year.

	No. 1 District (Dr. Sinclair)		No. 2 District (Dr. Meikle)	
	1934	1933	1934	1933
Number of sick persons seen during the year	810	730		523
Number of visits to patients' homes	638	560	125	187
Number of consultations at Surgery	2,523	2000	702	426

The figures show a further increase in the work, and careful consideration was given to the whole system.

A Report leading up to this was published in the 1933 Report, and ultimately the Public Assistance Committee decided to inaugurate a "free choice of doctor" scheme of domiciliary medical service for poor persons.

Full details of the conditions of service are given in the Appendix (page 133 *et seq.*).

The new scheme is a tentative one for two years, with an undertaking to review the question of remuneration at the end of six months' working.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The Lancashire Mental Hospitals Board is the Local Authority under the Mental Deficiency Act, and all mental defectives other than educable children of school age are notified to this body.

A special block for cases of mental illness is administered by the Public Assistance Committee at the Whitecross Institution. Amongst these there are often a few cases of mentally defective children, who would be much better somewhere else, but the Lancashire Mental Hospitals Board are unable to find other accommodation for them.

MENTAL WARDS OF THE WHITECROSS INSTITUTION.

These are administered by the Public Assistance Committee. The services of Dr. Ogilvie as Visiting Medical Officer and the two Resident Medical Officers of the General Hospital are available for the patients in these wards.

A trained nurse, too, from the Hospital, pays daily visits, and is available for any dressings or special treatments ordered by the Medical Officer as and when required.

The number of staff and the accommodation available were given in the Report for 1932.

Classification of accommodation for mental cases and the number of beds occupied on the 31st December, 1934 :—

WHITECROSS INSTITUTION.

Classification of accommodation for mental cases, and the number of beds occupied on 31st December, 1934.

Classification of Wards	No. of Wards	BEDS							
		Men		Women		Children		Total	
		Provided	Occupied	Provided	Occupied	Provided	Occupied	Provided	Occupied
Mental									
(a) Lunacy Act, 1890									
(i) Short Stay		12	1	6	5	—	—	18	6
(ii) Long Stay		63	58	55	49	—	—	118	107
(b) Mental Treatment Act, 1930	16	—		—		—	—	—	
(i) Voluntary									
(ii) Temporary									
Mental Defectives									
Other Cases		12	9	12	11		1	24	21
Total	16	87	68	73	65	—	1	160	134

Number of mental cases dealt with in Whitecross Institution, Male and Female Mental Ward.

STATISTICS RELATING TO YEAR ENDED 31st DECEMBER, 1934.

	M.	W.	C.	T.
In Mental Ward, 31st December, 1934	68	65	1	134
Total number of admissions during 1934	90	81	1	172
Total number of Deaths	18	22	—	40
Total number of Discharges	73	62	1	136
Duration of stay of all cases :—				
(*a*) Four weeks or less	52	43	—	95
(*b*) Exceeding 4 weeks but under 13 weeks	12	8	—	20
(*c*) Exceeding 13 weeks	94	95	1	190
Number of beds occupied :—				
(*a*) Average during the year	67	65	—	132
(*b*) Highest on 13/1/34 and 1/10/34	74	72	—	146
(*c*) Lowest on 1/6/34 and 14/8/34	61	62	—	123

MENTAL TREATMENT ACT, 1930.

The Lancashire Mental Hospitals Board have entered into an arrangement with Warrington Infirmary to subsidise the Clinic for Early Mental Cases at that Institution. This Early Clinic, under the supervision of a Mental Specialist, was first inaugurated in 1924.

1.—PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

A complete list of the various officers, medical and otherwise, discharging duties whole or part-time for the Local Authority in connection with any of the Health Services, is given at the beginning of the Report. (Pages 5 and 6).

2.—NURSING IN THE HOME.

The arrangements both for (a) general nursing and (b) the nursing of infectious diseases were fully described in the Report for 1930.

The visits during 1934 were as follows :–

	Cases	Visits.	
Ophthalmia	4	84	Total 1,082 Visits.
Whooping Cough	7	179	
Measles	47	757	
Others	14	62	

3.—MIDWIVES.

Particulars of the number of midwives practising in the area are given on page

There are no arrangements for the employment of or for subsidising Midwives by the L.A. The L.A. pays the Midwives' fee in cases of necessitous mothers who are unable to do so themselves.

4.—LABORATORY FACILITIES.

There has been no change in the arrangements for the examination or analysis of clinical matter (pathological specimens, sputum, swabs, etc.), water, milk, and foodstuffs.

A summary of the work under these headings is given below :

(a) GENERAL BACTERIOLOGICAL WORK (Health Department, Sankey Street, Warrington).—All specimens are examined free of cost to general practitioners.

DIPHTHERIA (swabs from throats).

1.	Cases in Aikin Street Hospital	819
2.	Private practitioner's cases	749
3.	Cases from Health Department	100
4.	Cases from Borough General Hospital	97
5.	Cases from Hefferston	2
6.	Before discharge from Isolation Hospital	1421
7.	Contacts	1955
	Total	5143

ENTERIC FEVER (Widal blood test).

For diagnosis of cases in Aikin Street Hospital	6	
,, ,, ,, Borough General Hospital	15	42
,, ,, ,, of private practitioners	21	

TUBERCULOSIS (specimen of sputum).

For private practitioners	89	
For Dispensary	174	
For Hefferston Sanatorium	211	596
For Borough General Hospital	121	
For Maternity Home	1	

RINGWORM.

For diagnosis by School Medical Officer		28

MISCELLANEOUS.

Venereal diseases	216	223
Other cases	7	
	6,032	

This shows a very large increase in the amount of work from the preceding year, when only 1,671 specimens were examined.

The increase is chiefly owing to the number of Diphtheria Swabs (5,143 in 1934, compared with 1,089 in 1933), an average of almost 100 per week being necessitated by the epidemic.

(b) WASSERMAN BLOOD EXAMINATIONS (Professor Maitland, Public Health Laboratory, Manchester).—See under V.D. Scheme (page 102).

(c) PATHOLOGICAL EXAMINATIONS (Dr. H. A. Mitchell, Infirmary Laboratory, Legh Street, Warrington).—Eighty-nine examinations were made :—

Fluid (pleuritic effusions, etc.)	11
Cerebro-spinal fluid	8
Pus	19
Urine (bacteriological and chemical)	16
Tumours	12
Blood	8
Blood urea	6
Swabs	8
Fæces	3
Glands	2
Total	93

(d) WATER, MILK AND FOODSTUFFS.—Bacteriological examinations, Public Health Laboratory, Manchester (page 79).

Chemical Analyses of Water, Milk and Foodstuffs (Mr. J. Graham Sherratt, Legh Street Chambers, Warrington), page 74 *et seq.*

5.—LEGISLATION IN FORCE.

A complete list of the Local Acts, Special Orders, General Adoptive Acts and Bye-laws relating to the public health in force within the Borough were given in the Report for 1930, and need not be repeated here.

6.—HOSPITALS.

Details were furnished in the Report for 1930 (pages 30 and 31) of the Hospitals in the area and the approximate number of beds available for various purposes, and a summary will only be given here of any changes made during 1934, and of the work done.

(i) Warrington Infirmary (113 beds). Average number available during 1934—105).
(ii) Borough General Hospital (285 beds).
Classification given in table, page 144.
(iii) Isolation Hospital (131 beds). See page 88.
(iv) Hefferston Grange Sanatorium (80 beds). See page 97.
(v) Maternity Home (20 beds). See page 45.
(vi) Smallpox Hospital (22 beds).
(vii) Specialist Services. (Described in 1932 Report).

(i) WARRINGTON INFIRMARY (provided by Voluntary Agency).

The number of cases dealt with during 1934 is as follows :—

IN-PATIENTS.

	1932	1933	1934
Number of in-patients in Hospital at beginning of year	66	75	86
Number of in-patients admitted during the year	2,247	2,251	2,509
Number of in-patients in Hospital at end of year	77	86	67
Average number of days' treatment	14.05	15.13	13.75

OUT-PATIENTS.

General cases	3,091	2,852	3,436
Eye cases	489	553	565
Dental cases	292	329	258
Pensions cases	3	4	5
Orthopædic cases	2,136	2,279	2357
	6,011	6,017	6,621
Accidents and emergencies	4,766	5,169	5,437
Total	10,777	11,186	12,058

Total number of attendances :—			
Out-patients	19,061	16,767	18,342
Orthopædic cases	43,686	41,711	39,727
Total	62,747	58,478	58,069

(ii) BOROUGH GENERAL HOSPITAL (appropriated under section 95 P.H.A. (Amendment) Act, 1907).—A special section of the 1930 Report was devoted to a description of the work of this Hospital, which is now administered by the Health Committee with the Medical Officer of Health as Medical Superintendent in charge of administrative arrangements.

The number of in-patients dealt with during the year ending 31st December, 1934, was 2,527.

The following table gives a comparison of the number of patients dealt with during the last 9 years, and shows the steady increase in the work since the hospital was appropriated :—

Year	Total Admissions	Maternity Cases.				Surgical Operations
		Total	Live Births	Still Births	Twins	
1926	1726	141	131	11	1 case	176
1927	1715	141	128	18	5 cases	141
1928	1750	147	135	14	2 cases	167
1929	1970	158	144	14		179
1930*	1854	192	172	21	1 case	199
1931†	2080	236	203	39	6 cases	257
1932	2035	247	224	27	4 cases	236
1933	2304	292	268	26	2 cases	280
1934	2527	411	375	36	3 cases	297

* Year of transfer to Local Authority.

† Placed under administration of Health Committee.

Among the 297 operations were 45 abdominal sections, and 83 operations on bones and joints.

There is, too, a very large increase in the work of the hospital dentist (Mr. J. Ellis). (See pages 44 and 146).

The next table gives the daily average of beds occupied :—

DAILY AVERAGE OF BEDS OCCUPIED.

Year	Male Hospital (118 beds		Female Hospital (125 beds)		Annexe (42 beds)		Total (285 beds)	
	No.	%	No.	%	No.	%	No.	%
1930	90.54	77.12%	90.45	72%	37.57	90.48%	218.56	76.84%
1931	88.82	75.42%	92.66	74.4%	34.35	80.95%	215.83	75.79%
1932	91.63	77.97%	88.68	71.2%	36.40	85.71%	216.71	76.14%
1933	95.98	81.36%	94.02	75.2%	38.00	90.48%	228.00	80.00%
1934	93.28	79.09%	103.66	82.93%	33.42	79.57%	230.36	80.83%

In 1934 the highest number of beds occupied was 269 (on 4/12/34), and the lowest 172 (on 31/8/34) of the total 286 beds available. The daily average over the whole year was 230.36 beds occupied.

ALTERATIONS AND IMPROVEMENTS AT THE BOROUGH GENERAL HOSPITAL DURING 1934.

The following summarises the main improvements effected during the year :—

1. Provision of a new food van of the insulated type for the transport of Patients' cooked dinners from the kitchen to the wards, thus ensuring a service of hot meals.
2. Provision of special Surgeons' Wash Bowls in the following wards :—

 Male Hospital "A" Main Ward.
 Male Hospital "B" Main Ward.
 Male Hospital "B" Orthopædic Ward.
 Female Hospital "A" Main Ward.
 Female Hospital "B" Main Ward.
3. Provision of 1 Earth Free A.C. Clinic Switchtable for use in Orthopædic Clinic ; this table is of the latest type, absolutely silent in operation and providing every form of current necessary for treatment purposes. It is fitted with a special switch so that combined currents can be easily and quickly given without the necessity of looping up the patients' terminals by wire. The machine is capable of dealing with 4 patients at one time.
4. Provision of an additional "New Alpine Sun" Lamp of the latest type for the Sun Room, Orthopædic Clinic.
5. Provision of new luminous signal indicator system to Labour Ward, (Maternity Ward).
6. Maternity Ward Kitchen fitted with Hot Water Geyser and Gas Range.
7. Stock of boxes for storing Patient's own clothing supplemented by an additional 50 boxes.
8. Provision of "Walton" Gas and Oxygen Apparatus for Operating Theatre.

In addition to the above improvements during the year, the whole of the interior of the Male Hospital has been redecorated since the last Report.

Dental Clinics have been doubled during the year and are now held weekly instead of bi-weekly.

FURTHER IMPROVEMENTS REQUIRED AT THE BOROUGH GENERAL HOSPITAL.

The Health Committee has devoted much time and attention to the consideration of the various improvements and alterations required at the Borough General Hospital.

The requirements were summarised in the Report for 1933. Plans were furnished by the Architects (Messrs. Segar Owen & Co.), and they, together with the Medical Officer of Health, visited the Ministry of Health for informal interviews *re* the suggestions.

A Report on the subject, which is appended on pages 125 *et seq.*, has been approved by the Local Authority, and at the time of writing the Architects are engaged in drawing up working plans in order to obtain tenders.

Increased Hospital Accommodation for Acute Cases.

Arrangements were made during the year for the transfer of certain classes of cases from the General Hospital to specially adapted wards in the Institution, and in this way beds were released for 12 males and 12 females suffering from acute illnesses.

Provision was made in Whitecross Institution for the 24 cases (12 male—12 female) transferred, the whole of the middle floor of the Infirm Ward being used for the purpose. With a little alteration which was necessary to the kitchen and lavatories, these wards have made good wards for nursing this class of patient.

Two trained nurses and five assistants have been appointed to nurse these sick cases and attend to the wants of the infirm people occupying the top and bottom floors in the block.

In consequence of this change, accommodation had to be found for 32 (16 males and 16 females) infirm patients, and admirable quarters have been made for them in the House part of the Institution. The men occupy the extreme East wing and the females the West wing. In each case the whole of the accommodation is on the ground floor, and comprises a bedroom with 16 beds, a lounge or sitting room, a separate dining room, kitchens, and the usual bathrooms and conveniences.

The walls have been plastered, and the floors covered with in-laid linoleum, the sitting-room furnished with cushion chairs, couches, &c., and the dining-room with small tables and chairs, the whole having a homely appearance, and the inmates are very happy and comfortably housed.

The following memorandum was drawn up for the use of the staff to explain the type of case for which this new accommodation is intended :—

MEMORANDUM ON THE TRANSFER OF PATIENTS TO THE NURSING SECTION OF THE INFIRM BLOCK IN THE INSTITUTION.

1 The accommodation (12 beds for females and 12 beds for males), provided on the middle floor of the Infirm Block, will be ready for occupation on Monday, Febrauray 25th, 1935, and the transfer of patients should take place on that date as far as possible.

2 The **type of case** for whom this accommodation is to be used is the chronic one, for whom continuous skilled nursing and constant medical treatment is not required, but whose disabilities chiefly need continuous care to keep the individual comfortable. In other words, they will be in the main, cases that could be discharged from the hospital to their own homes if they had convenient accommodation and had relatives or someone who could devote attention to them.

3 Although many of these infirm may be considered "sick" by their relatives simply because they are bedridden, that does not necessarily imply that they are, in fact, in need of active hospital treatment, or indeed that it is in their interests that they should be kept in hospital wards.

4 At any time if further treatment appears to be necessary they should at once be transferred again to the hospital.

5 The wards will be in charge of a fully trained nursing sister, on the staff of the institution, one for day and one for night duty, assisted by a lay staff.

6 A regular daily visit will be paid to this unit by one of the Medical Officers of the Hospital, and the Sister in charge of the ward will be in direct contact with the medical staff at the Borough General Hospital in case of emergency.

7 Dressings and a certain supply of stock medicines may conveniently be kept in these wards and issued on the instruction of the Medical Officer by the Sister in charge to the inmates of the Institution or Casual Wards.

8 To facilitate the work, any casuals or inmates of the Institution, who report sick should, except in emergencies, be assembled at those wards in time for the Medical Officers' daily visit, and there will be no necessity fo the daily attendance of out-patients at the annexe as heretofore.

9 The foregoing arrangements will remove the necessity for any of the hospital nursing staff in future carrying out duties in connection with the Institution unless specially called upon.

10 There will be no alteration in the existing arrangements for medical and nursing supervision of the Mental Wards, and nothing in this memorandum refers in any way to such arrangements.

Arrangement for the Treatment in the Borough General Hospital of Patients who come within the scope of the Warrington Infirmary Contributory Scheme.

The arrangements reported last year for the treatment in the Borough General Hospital of patients who come within the scope of the Warrington Infirmary Contributory Scheme, are working satisfactorily.

LOCAL HOSPITAL POLICY.

There is close co-operation between the Municipal and Voluntary Hospital services in the town.

In accordance with the provisions of section 13 of the Local Government Act, 1929, conferences are from time to time (as occasion requires) held with the members of the Board of Management of the Local Infirmary.

7.—MATERNITY AND NURSING HOMES.

The only private Nursing Home at present in the Borough was completed during the year by alterations and additions to the old Nurses' Home at Warrington Infirmary.

This Home will accommodate 25 patients.

8.—INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

There is no special institutional accommodation provided by the L. A. for unmarried mothers or illegitimate children, but all such cases are admitted without distinction to any of the Municipal Institutions.

The Cottage Homes, at Padgate, formerly administered by the Board of Guardians, were transferred to the Local Authority by the Local Government Act, 1929, and are now administered by a Special Committee of the Public Assistance Committee. The medical supervision of the children is carried out by a part-time general practitioner (Dr. Sinclair), who reports on medical matters to the Medical Officer of Health.

This institution takes cases from other areas as well as Warrington, and the total children on the 31st December, 1934, was :—

Warrington children	44
Children from other areas	86
Total	130

9.—NURSERY FOR HEALTHY CHILDREN

Children under 3 years of age are not admitted to the Cottage Homes, and as there is no nursery provision in the Whitecross Institution any healthy infants and children under the age of 3 have had to be accommodated in the wards of the hospital heretofore. During 1934, however, alterations to the Nurses' Home at Aikin Street Hospital enabled special accommodation to be provided for such cases. The Public Assistance Committee pay 20s. per week for any healthy child admitted to this Nursery, and it is also possible for any child of tender years to be looked after here in the event of the mother requiring hospital in-patient treatment.

9.—AMBULANCE FACILITIES.

There was no alteration in the arrangements, which have been described in previous Reports, for Ambulance Facilities for non-infectious and accident cases, and maternity cases.

10.—CLINICS AND TREATMENT CENTRES.

No new Clinics or Treatment Centres were opened during the year, but a list of the names and situations, together with hours of attendance, are repeated hereunder :—

MATERNITY AND CHILD WELFARE.

The Corporation has arranged for Clinics to be held at the times and places set out below.

A Medical Officer and Nursing Staff are in attendance, and advice can be obtained by mothers on subjects relating to the health of themselves and babies.

Ante-natal Clinic (i.e., for expectant mothers) :

Health Department, Sankey Street, Tuesdays and Wednesdays at 10 a.m.

Maternity Home, Victoria Park, Fridays, at 2 p.m.
And by appointment.

Post-Natal Clinic (i.e., for mothers after confinement) 11.15 a.m. Wednesdays at Health Department.

Consulation Centres for Mothers and Children up to 5 years of age

Thewlis Street Schools, Liverpool Road, Mondays, at 2 p.m.

Adult School, Folly Lane, Bewsey, Tuesdays, at 2 p.m.

St. George's Mission, Brick Street, Wednesdays, at 2 p.m.

Wash Lane School, Latchford, Thursdays, at 2 p.m.

Aural Clinic for children under 5 years of age, sessions by a Throat and Nose Specialist, 2.30 p.m. Health Department, First Thursday in the month.

TREATMENT OF TUBERCULOSIS.

The Tuberculosis Dispensary is situated in Garven Place, behind the Health Department, in Sankey Street, and is open daily.

A Medical Officer, who is a specialist in the treatment of Tuberculosis, is in attendance for the examination of persons suffering or suspected to be suffering from this disease.

TREATMENT OF VENEREAL DISEASES.

The Corporation have established a Centre for the treatment of persons uffering from Venereal Diseases (Syphilis and Gonorrhœa) at the Infirmary Kendrick Street. The Clinic is open on :

Tuesdays : Men 4 p.m. Women 5 p.m.
Fridays : Women 5 p.m. Men 6 p.m.

Irrigations are available at any time by arrangement, and a male orderly is in attendance for male patients. A Specialist from Manchester attends on the Clinic days to give advice, and all treatment is carried out under conditions of secrecy. There is also a lady doctor in attendance for female patients. Names and addresses of patients are not divulged.

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN.

A Clinic is held every morning during the week at the Health Department for the treatment of school children suffering from minor ailments who require to be excluded from school. In addition, nurses attend daily in our schools to treat those whose condition does not necessitate their absence.

A School Medical Officer is present at the Clinic. Arrangements can be made if required for nose and throat operations, eyesight testing and provision of glasses, and X-ray treatment for ringworm cases.

There is also a special dental clinic.

TREATMENT OF CRIPPLING DEFECTS.

An orthopædic surgeon attends for the examination of children suffering from crippling defects with a view to their receiving treatment as follows :—

Children aged 1 to 5 years :
Orthopædic Clinic, Borough General Hospital, once a month.

Children aged 5—14 years :
Orthopædic Clinic, Borough General Hospital, once a month.

The Clinic is open daily at Whitecross at 9 a.m. for the provision of remedial exercises, massage, electrical and other forms of treatment given by the nurses.

A surgical instrument-maker attends when required to measure cases for any necessary appliances, which are supplied at cost price.

THE ESTIMATED COST OF THE HEALTH SERVICES.

Careful consideration has, as usual, been given to the expenditure on our health services.

1934-35 HEALTH SERVICES.

Actual Expenditure £		Income. £
7,028	Maternity and Child Welfare	2,000
7,613	Health	312
7,415	Blind Persons Act (1920)	175
1,003	Treatment of V.D.	225
8,510	Infectious Diseases Hospital	960
592	Small-pox Hospital	695
13,177	Treatment of Tuberculosis	5,000
30,246	Borough General Hospital	11,650
4,322	Public Conveniences	860
79,906		21,877

Net Expenditure	£58,029
Product of 1d. Rate	£1,415
	s. d.
Cost of Health Services	3 5 .01

It is sometimes asserted, without any foundation, that the Health Services in Warrington are costly compared with other areas.

In a comparative statement that has been prepared recently, showing the net expenditure on certain health services in the 83 County Boroughs of England and Wales, for the *financial year* 1933-34, the following particulars are interesting :—

	Tuber-culosis.	Venereal Diseases.	* Acute Infectious Diseases.	Matern-ity and child Welfare.	School Medical Service.
Average net amount spent by all L.A.'s per head of population	22d.	3.2d.	21.1d.	15.9d.	15.1d.
Highest Amount per head of population	39.5d.	8.6d.	37.2d.	37d.	40.3d.
Cost in Warrington	21.9d.	2.0d.	25.7d.	17d.	12.0d.
Position on List	37th	64th	22nd	33rd	45th

(* 1933–34 was an epidemic year in Warrington with high incidence of infectious disease).

By net expenditure is meant expenditure after deducting income such as patients' payments. No account has been taken of the block grant payable under the Local Government Act, 1929, nor of the percentage grant in respect of the School Medical Service.

In considering all such comparisons it will be remembered that local circumstances exist which prevent the expenditure in different County Boroughs from being always strictly comparable. Still, the figures here given are not at all unfavourable to Warrington, especially when one considers that we have as complete a health service as any area, and that there is probably no area that has had less provided for it by philanthropic enterprise.

MATERNITY AND CHILD WELFARE WORK.

Full details of the arrangements in Warrington for safe-guarding and improving the health of mothers and children have been given in previous Reports, and need not be repeated here.

The Report of the Ministry of Health on these services as the result of the Survey Inspection is given on page 115.

I must here refer to the valuable services of the voluntary workers of the Ladies' Committee of the Mothers' and Babies' Welcomes, who co-operate so heartily with us in the work of the 4 Consultation Centres. Not only is their work of extreme value to the mothers and children, but they are performing many duties, which are essential, free of all cost to the town, and which otherwise would become a charge upon the rates.

Once again, too, through the generosity of the local Rotary Club, 50 necessitous mothers were provided with a week's holiday at Prestatyn, which was very greatly appreciated by those who attended.

The following is a summary of the work done under the various headings :—

1. SUPERVISION OF THE WORK OF THE MIDWIVES PRACTISING IN THE BOROUGH.

Administration of the Midwives Act, 1902 and 1918.

There were, during 1934, 16 midwives registered as practising in the town. All of these hold the certificate of the Central Midwives Board.

All take cases outside the borough as well.

POST GRADUATE COURSE FOR MIDWIVES.

In June, six midwives went to a post graduate course, held in Liverpool. As a result of this, they have formed a Warrington branch of the Midwives' Institute and hold monthly meetings at which different doctors have given lectures.

There has been a definite improvement in their work since this course, particularly in the ante-natal work.

MIDWIVES AND ANTE-NATAL WORK.

Attention was drawn last year to the fact that the midwives received special instruction in the great importance of ante-natal supervision. A memorandum on "Suggestions for complete ante-natal examination" was drawn up and a copy furnished to each midwife. This has certainly had a good effect on their work and they are now all very particular about the ante-natal care their patients receive. Two of the midwives hold a clinic each week in their own homes, where they examine their patients regularly. Others send their patients to the clinic at the Health Office, and are kept informed of the progress of the pregnancy. Some accompany their patients to the clinic and are present at the medical examination.

The duties of the Health Visitor, who acts as Inspector of Midwives, have been detailed in previous Reports, and the following is a summary of the work for 1934 :—

Number of visits to midwives and homes		46
Number of visits to homes during lying-in period in order to investigate midwife's work		7
Number of visits to midwives, *re* disinfection after exposure to cases of infectious disease		18
Number of classes held for instruction of midwives		4
Number of notifications of sending for medical aid received from midwives		318
Number of notifications of artificial feeding		5
Number of notifications of deaths of mother or child before attendance of a doctor		
	mother	—
	infants	—
Interviews with midwives at Health Office		93

2. WORK OF THE HEALTH VISITORS.

Particulars of the work amongst infants which is largely based upon information received under the Notification of Births Act has been given in previous Reports.

Notification of Births Act, 1907 and 1912.

The total births registered as belonging to Warrington in 1934, was 1,465 (1401 live births and 64 still births).

The number of births notified does not however, correspond with those registered, because of the difference in the time allowed for notification and registration respectively.

1934—Number of births notified	1609
Notifications received	
From Doctors	3
From Midwives	838
From Institutions	771
	1609

The births in the Borough were attended by Midwives alone 24.17% of the cases.

Attended by Doctors (and Midwives in some cases)	449
Attended by Midwives alone	389
Attended in Institutions	771
	1609
Number of births with Doctors engaged to attend confinement	131
Number of births with Midwife engaged to attend confinement	707
(In 318 cases a Doctor was called in.)	
Number confined in Maternity Home	359
(Of these 281 were Warrington cases and 78 live out of the Borough.)	
Number confined in Borough General Hospital	410
(Of these 342 were Warrington cases and 68 live out of the Borough.)	
Proportion of Warrington cases confined in Institutions 42.6%	
Number confined in Infirmary	27

Summary of Work of the Health Visitors.

	1934
First Visits to infants	1313
Total visits to infants	5379
Infant death inquiries	84
Visits to children aged 1—5 years	11908
Inquiries into deaths, 1—5 years	62
Visits to expectant mothers	2369
Still-born and abortion investigations	76

Visits to children out to nurse	24
,, ,, Illegitimate Children	348
,, ,, Boarded out children	160
,, ,, Measles cases	729
,, ,, Whooping Cough cases	177
,, ,, Puerperal Pyrexia cases	6
,, ,, Chickenpox cases	102
,, ,, Puerperal Fever cases	1
,, ,, Pneumonia cases	96
,, ,, Ophthalmia Neonatorum	12
,, ,, Orthopædic cases	175
,, ,, Dirty Homes	18
,, ,, Cases under Children's Act	70
,, ,, Consultation Centres	550
,, ,, Ante-Natal Clinic	103
,, ,, Orthopædic Clinic	12
,, ,, Ear, Nose and Throat Clinic	7
Other Visits	546
Nuisances reported	21
Interviews with parents, at Health Office	662

Work under Part 1 Children Act, 1908.

Full details of this work, which was transferred to the Local Authority from the Board of Guardians, was given in the 1930 Report.

Cases on Register, 1934—

No. of cases at the beginning of the year	11
No. of cases at the end of the year	9
Children legally adopted	—
,, Returned to their parents	1
,, Died during the year	—
,, Transferred to other Local Authorities	—
Attained age of 9 years	1
Foster Mothers found unsuitable	1
New Foster Mothers found	1
Number of Homes	11
Number of Visits	70
Number of children attending Welfare Centre	3
Children in School	8

Treatment of Defects in Children Under 5 Years of Age.

One of the main functions of the Health Visitor is to supervise carefully the health of the children under her care, and to draw the attention of parents to any departure from the normal, at the same time placing before them the facilities available for treating any defects.

In the first place a note is given to the mother or guardian in every instance stating that the child should be taken to the family doctor.

The Health Visitors do not in any way attempt to diagnose the condition, but simply refer any abnormality to the doctor.

The doctors have agreed that where they do not wish to treat a case themselves, but would like us to deal with it through one or other of our clinics, they will initial the note and hand it back to the parent.

The case is followed up after a short interval, and supervision is not relaxed until satisfactory treatment has been obtained. The good results of thus focussing our attention on the pre-school child are slowly but surely showing themselves by the better physique of the entrants to our schools.

The following table of the defects found in the children during 1934 by the Health Visitors in their visits to the homes is interesting, and should be read in conjunction with the defects found in addition by the Medical Officer amongst the children attending the Consultation Centres (see page 44).

	REFERRED TO:—					DEFECTS							
Under 1 Year.	No.	Own Dentist	Ortho-pædic Clinic	In-Infir-mary	Ear, Nose & Throat Clinic	Doctor	Infant Welfare Clinic	Re-ceiving treat-ment when found	Treated	Opera-tion	Still under treat-ment	Result cured	No treat-ment
Nævus	4	—	—	—	—	3	—	1	3	2	1	2	1
Hernia	13	—	—	—	—	3	6	4	13	4	6	7	—
Discharging Ears	4	—	—	—	3	—	—	1	4	—	—	4	—
Phimosis	83	—	—	—	—	30	30	23	80	—	2	78	3
Orthopædic	23	—	18	—	—	2	—	3	21	—	12	9	2
Skin	7	—	—	—	—	5	1	1	7	—	—	7	—
Mastoid	1	—	—	—	—	—	—	1	1	—	—	1	—
Spina Bifida	1	—	—	—	—	—	—	1	1	1	—	1	—
Eyes	4	—	—	—	—	—	—	4	4	—	3	1	—
Hare Lip	1	—	—	—	—	—	—	1	1	1	—	1	—
Cleft Palate	1	—	—	—	—	1	—	—	—	—	—	—	1
Totals	142	—	18	—	3	44	37	40	135	8	24	111	7

	REFERRED TO:—							DEFECTS					
Over 1 Year.	No.	Own Dentist	Ortho-pædic Clinic	In-Infir-mary	Ear, Nose & Throat Clinic	Doctor	Infant Welfare Clinic	Re-ceiving treat-ment when found	Treated	Opera-tion	Still under treat-ment	Result cured	No treat-ment
Orthopædic	132	—	105	2	—	4	17	4	126	7	65	61	6
Dental Caries	401	40	—	2	—	9	349	1	265	—	—	265	136
T.S. and A.S.	64	—	—	—	—	32	12	20	51	45	4	47	13
Hernias	10	—	—	—	—	3	2	5	9	8	1	8	1
Aural Discharge	30	—	—	—	10	21	4	5	30	—	5	25	—
Squint	84	—	—	6	—	22	49	7	65	—	56	9	19
Acute Poliomyelitis	1	—	—	1	—	—	—	1	1	—	—	1	—
Cleft Palate	4	—	—	—	—	—	—	4	4	—	4	—	—
Phimosis	32	—	—	2	—	10	2	18	29	29	—	29	3
T.B.	3	—	—	—	—	—	—	3	3	—	3	—	—
Skin	10	—	—	—	—	7	—	3	10	—	1	9	—
Accidents	7	—	—	—	—	—	—	7	7	—	2	5	—
Nævus	7	—	—	—	—	6	—	1	3	2	1	2	4
Mastoid	2	—	—	—	—	—	—	2	2	2	—	2	—
Eye	2	—	—	—	—	2	—	—	2	—	1	1	—
Totals	789	40	105	12	10	116	435	81	607	93	143	464	182

3. ANTE-NATAL WORK.

In 92% of the 1465 births the mothers received some form of ante-natal care, either from their own doctor or midwife, or at the ante-natal clinics. The number attending the clinics was 981, which is 60% of the total births.

Ante-natal clinics are held at the Health Office (twice a week), the Borough General Hospital and the Maternity Home (once a week).

Number of births notified	1609
Number of mothers attending Health Office Clinic	860
Number of mothers attending B.G.H. Clinic	460
Number of mothers attending Mat. Home Clinic	74

(Most patients attending B.G.H. Clinic also attend H.O. Clinic).

Number of mothers attending Clinics	981
Number of attendances at Health Office Clinic	1740
Number of attendances at B.G.H. Clinic	1954
Number of attendances at Mat. Home Clinic	218
Total number of attendances	3912

Average consultations per patient 4.

ESTIMATION OF HÆMOGLOBIN IN PREGNANT WOMEN.

During the year work was started at the Ante-natal clinic to estimate the amount of anæmia present in pregnant women. A drop of blood was taken from the finger of each patient and compared with a standard. Up to date 128 cases have been tested, and it is found that a large proportion of these women were definitely anæmic.

DEFECTS FOUND AT ANTE-NATAL CLINIC.

CONTRACTED OR DEFORMED PELVIS.—There were 14 cases. Four of these were delivered by cæserean section ; in one labour was induced before term, and the others had normal confinements with small babies.

MALPRESENTATION.—External version from breech or transolise lie to a normal vertex position was done on 11 cases resulting in normal deliveries later.

ALBUMINURIA.—There were 12 cases which were admitted into hospital for treatment.

CARDIAC DISEASE.—Five cases were seen. These were admitted for rest a few weeks before labour began.

BRONCHITIS.—Four cases were sent to their own doctors for treatment.

PULMONARY TUBERCULOSIS.—One case was sent to the T.B. Clinic.

HYDRAMNIOS.—Four cases.

HÆMORRHAGE.—Seven cases admitted to hospital.

VENEREAL DISEASE.—Eight cases which were sent to the Clinic at the Infirmary.

ANÆMIA.—Fifty-seven were found to be anæmic.

VARICOSE VEINS were found in varying degrees in 31 patients. Two of these needed ante-natal treatment in hospital.

DENTAL CASES.—105 women were found to be needing dental attention, and were sent to their own dentists or in necessitous cases to the dental clinic.

VARIOUS.—Twenty-three cases, mostly referred to their own doctors for treatment.

Sixteen women who visited the clinic were found to be not pregnant.

ANTE-NATAL CLINIC AT BOROUGH GENERAL HOSPITAL.

This Clinic is held at the Hospital once a week, for patients who intend being confined there. All these cases are, however, seen in the first instance by the M. & C. W. Medical Officer at the Health Department.

No. of Expectant Mothers who attended in 1934	46
No. of Attendances	1954

HOME VISITING OF EXPECTANT MOTHERS.

In addition to the work of the Centres, expectant mothers are visited in their own homes by the Health Visitors :—

	PRIMIPS.		MULTIPS.			
	Married.	Unmarried.	Married.	Unmarried.		
No. of 1st visits paid by nurses	367	8	736	3	=	1114
No. of revisits paid by nurses	305	11	957	—	=	1273
Total visits	672	19	1693	3	=	2387
No. of Expectant Mothers visited in their own homes only, and who did not attend Centre or Clinic	20	—	144	—	=	164
No. of 1st visits paid	20	—	144	—	=	164
No. of revisits paid	12	—	170	—	=	182
Total Visits	32	—	314	—	=	346

4. POST-NATAL WORK.

Clinic.

In March, 1932, a post-natal clinic was started. This is held at the Health Office once a week (Wednesday, 11-30 a.m.), and is for the examination of women about two months after their con-

finement. The object of this examination is to ensure that every thing is normal again, and any defects resulting from a recent labour can be rectified.

The value of this clinic is becoming better appreciated by the mothers.

During 1934, 69 women attended the clinic, compared with 38 in 1933. Of these 33 were normal : 33 had slight defects which were remedied : 3 had gross defects needing operative treatment.

5. WORK OF THE CONSULTATION CENTRES.

(For days and hours of opening of the four Centres see page 31).

These deservedly popular institutions carried on their good work during the year.

There is no doubt that an additional centre in the Latchford area will have to be established shortly. Various premises have been inspected with this end in view, but up to the present nothing suitable has been found. (See also page 122).

The attendances of mothers and children during the year have been as follows :—

Attendances	Mothers	Ex. M.	Infants	Children 1 to 5 years	Total
Brick Street—					
Total	6201	455	3107	3991	13754
Av. weekly	122	9	62	80	273
Latchford—					
Total	3835	211	2076	2295	8417
Av. weekly	78	4	43	47	172
Thewlis Street—					
Total	2561	117	1619	1434	5731
Av. weekly	56	3	35	31	125
Bewsey—					
Total	2526	140	1300	1725	5691
Av. weekly	54	3	28	37	122

The total attendances at all Centres were :—

Mothers	15123
Expectant Mothers	923
Infants	8102
Children 1—5	9445

Number of consultations held by the Medical Officer in 1934 :

(i.) At the Centres.

		Thewlis Street	Brick Street	Latch-ford	Bewsey	Total	Total
No. of Sessions		46	50	47	47		
Infants	1st examination	113	218	149	103	= 583	= 1912
	Re-examination	285	450	368	226	= 1329	
Children 1 to 5 years	1st examination	41	111	73	24	= 249	= 1847
	Re-examination	293	677	328	300	= 1598	
Expectant Mothers	1st examination	22	24	30	12	= 88	= 135
	Re-examination	16	20	7	4	= 47	
Nursing Mothers	1st examination	47	91	62	49	= 249	= 523
	Re-examination	58	89	90	37	= 274	
Others		36	56	56	54	= 202	= 202
Total		911	1736	1163	809	4619	= 4619

(ii.) At the Health Office.

Infants	250
Children	162
Expectant Mothers	140
Nursing Mothers	57
Others	279
Midwives	10
	898

(iii.) At Maternity Home.

Expectant Mothers	218
	218

(iv.) At the Health Office.

Ante-natal Clinic :	
Expectant Mothers	1740
	1740

Total number of consultations held by M.O. in 1934=7475.

The following table shows a list of the defects discovered in the children by the Medical Officer at the Consultation Centres :—

DEFECTS FOUND AT CONSULTATION CENTRES.

Defect.	No. of Cases.	Sent to own Doctor.	Sent to own Dentist.	Sent to Ailing Babies' Ward Aikin Street.	Sent to B.G.H.	Results			Still under treatment.
						No. Improv.	Improved.	Cured.	
Dental Cases	258	—	12	—	246	14	—	244	—
Rickets	13	1	—	4	8	1	3	6	3
Orthopædic	21	—	—	—	21	1	5	7	8
Tonsils and Adenoids	42	14	—	—	28	3	4	29	6
Hare Lip	1	1	—	—	—	—	—	1	—
Enteritis	2	—	—	2	—	—	2	—	—
Phimosis	55	40	—	—	15	6	—	45	4
Bronchitis	14	12	—	2	—	1	4	8	1
Malnutrition	19	—	—	2	17	2	5	9	3
Strabismus	11	11	—	—	—	2	4	2	3
Hernia	3	2	—	—	1	—	—	3	—
Nævus	2	2	—	—	—	1	—	—	1
Other	49	46	—	1	2	1	16	26	6
Anæmia	32	2	—	1	29*	1	10	13	8
Total	522	131	12	12	367	33	53	393	43

* For artificial sunlight treatment.

COLLECTION OF DATA ON GROWTH RATE OF INFANTS.

Towards the end of the year work was begun at the Infant Welfare Centres to estimate the varying rates of growth of the babies :—

(1) Breast-fed.

(2) Artifically fed—Cow's milk and cane sugar.

(3) Artifically fed—Cow's milk and milk sugar.

These babies are weighed and carefully measured each month to compare the effect on the rate of growth of the various diets. It is too soon to give any definite results yet. We have been rather handicapped in this work by the baby's diet being changed, or occasionally by non-attendance for the weighing and measuring.

6. DENTAL CLINIC for expectant Mothers and Children under 5 years of age.

In 1932 a dental clinic was established at the Borough General Hospital in connection with the Maternity and Child Welfare Scheme. This clinic is held once a fortnight and is for expectant and nursing mothers and children up to school age. Much valuable work has been done by Mr. Ellis, the Dental Officer, in connection with this work.

No. of cases treated at the clinic during 1934 :—

Children (under 5 years)	248 cases
Expectant mothers	49 cases
Nursing mothers	24 cases
	321

7. EAR, NOSE AND THROAT CLINIC.

In June a new clinic was started for children suffering from diseases of the ear, nose and throat. A Specialist from Manchester attends this clinic, which is held the first Wednesday of each month at the Health Office.

During the year there were 50 cases attended the clinic.

Thirty of these had operations at the Borough General Hospital.

Cases are sent by the Health Visitors to their own medical practitioners, who refer them to this clinic if they deem it advisable.

	No. of cases.	No. of Operations.	No. Cured.	No. still under treatment.	No treatment.
T's. and A's.	37	30	30	4	3
Rhinitis	2	—	—	2	—
Otorrhœa	11	—	3	7	1

8. MATERNITY HOME.

This Institution, which was opened in July, 1918, continued its useful work during the year.

There are now 20 beds (including 2 labour beds and 2 isolation beds).

During 1934, 357 children were born in the Institution in 350 confinements. 7 sets of twins. Particulars follow :—

(1)	No. of patients in Home 1st January, 1934		16
	,, ,, admitted during year		363
	,, ,, in Home, 31st December, 1934.....		10
(2)	Average duration of stay		12 days
(3)	No. delivered by doctors	21	
(4)	,, ,, ,, midwives.....	329	
	Total	350	

(5) No. of Cases in which Medical Assistance was required, and reasons.

(a) Ante-Natal 14

Albuminuria	10
Mitral Stenosis	2
Threatened abortion	2
	14

(b) During Labour 49

Forceps Deliveries	3
Cæsarian Sections	2
Ante-partum Hæmorrhage	3
Abnormal Presentations	—
Placenta Prævia	1
Removal of Placenta	2
Cardiac Disease	1
Perineorrhaphy	30
Induction of Labour	4
Eclampsia	1
Abortion	1
Ruptured Vein	1
	49

(c) After Labour 13

Breast Abscess	4
Asthma-Bronchitis	1
Anæmia	2
Thrombophlebitis	5
Temperature over 100.4 (all causes)	1
	13

(d) For Infants 23

Prematurity	4
Rash	3
Hermaphrodite	1
Convulsions	1
Cleft Palate and Hare Lip	1
Infant Feeding	12
Deformity	1
	23

(6) No. of cases notified as puerperal sepsis —

(7) ,, ,, ,, with temp. over 100.4 for 24 hours..... 1

(8) ,, ,, ,, with ophthalmia neonatorum —

(9) ,, ,, ,, with inflammation of eyes.... —

(10) No. of babies not entirely breast fed 11

(a) Supplementary	7
(b) Supplementary, later complete artificial	3
(c) Complete artificial from birth	1

(11) ,, ,, maternal deaths 1 Eclampsia
(12) ,, ,, infant deaths 12

- Prematurity 8
- Atelectasis 1
- Asphyxia Pallida 1
- Respiratory failure 1
- Large intestinal hernia-shock following operation 1

(13) ,, ,, still births 10

- Albuminuria 2
- Macerated Fœtus.... 3
- Abnormal Fœtus.... 1
- Ante-Partum Hæmorrhage 1
- Prematurity 2
- Twins 1

During 1934, the amount received from patients was (during 1933 receipts were £1,432).

Maternity Work at the Borough General Hospital.

There are now 20 beds (including 2 labour beds and 4 isolation beds which are in another ward.)

During 1934, 411 children were born in the Institution in 408 confinements (3 sets of twins). Particulars follow :—

(1) No. of patients in Hospital, 1st January, 1934, 11 maternity cases.
,, ,, ,, admitted during year, 408 maternity cases.
,, ,, ,, in Hospital 31st December, 1934, 12 maternity cases
(2) Average duration of stay, 14.59 days.
(3) No. delivered by doctor 34
(4) ,, ,, ,, midwives 374

Total 408

(5) No. of cases in which Medical Assistance was required and reasons :—
(a) *Ante-Natal* 86.

Ante-partum Hæmorrhage	15
Anæmia and Debility	3
Vaginal Discharge	2
Venereal Diseases	1
Pyelitis	1
Hæmorrhoids	1
Chronic Nephritis	1
Albuminuria	25
Pneumonia	1
Bronchitis and Albuminuria	2
Eclampsia	3
Epilepsy	1
Nephritis.....	5
Bronchial Asthma	1
Pleurisy	1
Hyperemia	6
Hydramnios	1
Twin Pregnancy	1
Cystitis	3
High Blood Pressure	2
Varicose Veins	2
Contracted Pelvis (Cæsarian Section).....	8
	86

(b) During Labour 32.

In Hospital in all 3 stages.		*Admitted after partial delivery at home.*	
Ante-partum Hæmorrhage	4	Failed Forceps	2
Occipito foot position	1		
Shoulder Presentation	1		
Prematurity	3		
Uterine Inertia	10		
Still Births	1		
Prolapsed Cord	3		
Hydrammios	1		
Breech	3		
Twins	1		
Face Presentation	1		
Anencephialic Fœtus....	1		
	30		

(c) After Labour 36

In Hospital all 3 stages.		*Admitted after delivery at home.*	
Ruptured Perineum	21	Mammary Abscess	2
Retained Placenta	1	White Leg	1
Post Partum Eclampsia	1	Eclampsia	1
			4
Post Partum Hæmorrhage	4		
Influenza.....	1		
Anemia	1		
Epilepsy	1		
Albuminuria	1		
Mastitis	1		
	32		

(d) For Infants 55

Born in Hospital.		*Not born in Hospital.*	
Premature Birth.....	22	Premature Birth.....	2
Phimosis	6	Phimosis	2
Asphyxia.....	18	Illness of Mother	2
Discharging Eyes	1	Septic Cord	1
Talipes	3	Discharging Eyes	3
	50		10

		Delivered	
		In Hospital.	At Home.
(6)	No. of cases notified as Puerperal Sepsis	8	—
(7)	,, ,, ,, with temp. over 100.4 for 24 hours	15	4
(8)	,, ,, ,, with Ophthalmia neonatorum.....	1	—
(9)	,, ,, ,, with Pemphigus neonatorum	1	—

(10) No. of babies not entirely breast fed 27

- (a) Supplementary 14
- (b) Supplementary, later complete artificial 4
- (c) Complete artificial from birth 9

	Cases where all 3 stages of labour were dealt with in Hospital.	Partial treatment of delivery at Home.
(11) No. of Maternal deaths	5*	1
(12) ,, Infant deaths.....	24 within 10 days of birth	

20 of these from premature birth and 2 Marasmus, 1 Meningocela, and 1 Asphyxia.

(13) No. of Still Births 36

- Anencephalic 3
- Hydrocephalus..... 1
- Albuminuria 8
- Ante-Partum Hæmorrhage 12
- Prolapsed cords, etc. 2
- Abnormal Presentations 6
- Prematurity 2
- Difficult Labour .. 2

* Only 2 Warrington cases.

9. INSTITUTIONAL TREATMENT OF PUERPERAL FEVER, ETC., AT AIKIN STREET HOSPITAL.

One case of Puerperal Fever was dealt with at Aikin Street.

10. HOSPITAL ACCOMMODATION FOR INFANTS AND CHILDREN.

(a) Measles or Whooping Cough.

Cases of Measles or Whooping Cough were dealt with at Aikin Street Hospital.

(b) Marasmus, Debility and Dietetic Ailments.

Ten cots are allocated for these cases at Aikin Street Hospital.

BABY WARD, 1934.

(1) No. of cases admitted, 1934 60
,, ,, ,, still in Hospital, 31st December, 1934 10

(2) Average duration of stay, 52 days.

(3) Reasons for Admission.

Pyelitis	1
Marasmus and Malnutrition	16
Chronic Gastro Enteritis	4
Broncho pneumonia	1
Bronchitis	4
Rickets	4
Debility.....	10
Illness of mother	19
Diabetes	1

(4) No. of Cases Discharged.

In good health	26
Improved	15
Died	6
No improvement	3
Still in Hospital	10
	60

(5) No. of Cases of Infectious Diseases occurring among the Patients admitted Nil

DEATHS IN BABY WARD.

	Cause of Death.	Age.	Date.	Residence in Hospital.
1.	Acute Broncho Pneumonia		4/1/34	 15 days
2.	Marasmus-gastro-enteritis		4/3/34	 40 days
3.	Marasmus-gastro enteritis		15/5/34	 69 days
4.	Congenital Heart Disease		10/5/34	 5 days
5.	Acute pyelitis		5/7/34	 28 days
6.	Marasmus-acute gastro enteritis		6/7/34	 6 days

(c) Ophthalmia Neonatorum. (See also page 107).

By arrangements with the local Infirmary, cases of this disease are admitted—if need be, with the mother also. Out of 4 cases occurring in 1934, all recovered without any damage to vision.

Ophthalmia Neonatorum cases, 1934—Four cases.

No.	Date of Birth	Date of Onset	Date of Notificat'n	Age when Treated	Bacteri-ological exams	Length of Treatment	Where Treated	Mother attended by	Result
1	6/1/34	14/1/34	15/1/34	7 days	Neg.	25 days	Home	Midwife	Cured
2	20/2/34	2/3/34	9/3/34	2 weeks	Neg.	29 days	Home	Midwife	Cured
3	23/2/34	5/3/34	14/3/34	2 weeks	Pos.	23 days	Infi'ry	Midwife	Cured
4	7/4/34	25/4/34	30/4/34	3 weeks	Neg.	21 days	Home	Midwife	Cured

Every effort is made in each case by bacteriological examination to discover whether or not the infection is a true gonococcal one.

11. HOME NURSING (see page 22).

12. SUPPLY OF MILK FOR EXPECTANT AND NURSING MOTHERS AND FOR CHILDREN UNDER FIVE YEARS OF AGE.

Details of our scheme under this heading were given in the Report for 1919.

The following table shows the amount of milk provided during 1934 :—

FRESH MILK.

	Necessitous Nursing Mothers	Expectant Mothers	Ailing Babies
No. of cases	226	107	101
No. of quarts	7998½	2717½	3342½

Total cost,, 14,058½ quarts, £424 13s. 2d.

In addition 488 lbs. of dried milk were distributed free of cost.
901 lbs. of dried milk were sold at the Consultation Centres at a reduced price.

13. SUPERVISION OF BOARDED OUT CHILDREN.

This work, formerly carried out by the Board of Guardians, was taken over by the Maternity and Child Welfare Committee on 1st October, 1931, on behalf of the Public Assistance Committee. In accordance with Part VI of the Public Assistance Order, 1930, the Committee co-opted three lady members, Mrs. Cunningham, Mrs. Jowett and Mrs. Starkey, who had been visiting the cases on behalf of the Board of Guardians.

These voluntary workers, in addition to the Health Visitors, supervise all cases, and we are indebted to them for their valuable services.

Number of children 20.

The usual allowance in each case is 11/6 per week per child, plus 20s. quarterly clothing allowance.

All cases are visited at least twice a quarter for the purposes of the Order, and full reports are given at each quarterly meeting of the Boarding-Out Committee.

14. SUPERVISION OF ILLEGITIMATE CHILDREN.

Special care is exercised in following up children coming within this category.

348 special visits were paid to 110 illegitimate children.
160 special visits were paid to 20 boarded out children.

15. ORTHOPÆDIC WORK AMONG CHILDREN OF PRE-SCHOOL AGE.

The Orthopædic work by Mr. Harman Taylor at the Clinic at the Borough General Hospital has been carried on very successfully during the year.

The type of case is altering, and there are fewer instances of rickets. Probably this is to some extent due to the work of the health visitors and to better housing conditions. We have now

a Sunlight Clinic for early Rickets, and this has lessened the number of deformities.

The following table gives the ages of the children dealt with and the results :—

	Under 1 month	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	No treatment required	Treatment refused	No. of operations	No. of Massage	No. discharged cured	No. still under treatment	Sunlight
Males .. 84	4	5	2	—	1	21	24	14	14	5	1	5	7	32	46	50
Females 69	2	1	1	1	2	13	22	20	7	3	—	2	2	32	34	43

32 out of 84 males, and 32 out of 69 females were discharged as cured during the year.

The defects treated at the Clinic were :—

MALES		FEMALES	
Knock Knee	8	Torticollis	2
Malformation	4	Rickets	31
Rickets	39	Debility	18
Debility	9	Foot Inversion	3
Talipes	10	Talipes	2
Torticollis	3	Knock Knee	3
Flat Foot	1	Poliomyelitis	1
Bow Legs	2	Deformities	6
Paralysis	2	Sprain	1
Injuries	2	Flat Foot	2
Foot Inversion	1		
Spina Bifida	1		
Spine	1		
Ligaments (Strained)	1		
Total	84	Total	69

ARTIFICIAL SUNLIGHT TREATMENT.

Ultra-Violet Ray treatment is carried out at the Orthopædic Clinic. Cases are referred when necessary from the Consultation Centres, and the ones that appear to benefit chiefly are cases of rickets.

During 1934 the number of children under 5 years receiving this form of treatment were 122.

SECTION C.

Sanitary Circumstances of the Area.

For descriptions of the Water Supply, Rivers and Streams, Drainage and Sewerage, Scavenging, etc., reference must be made to former reports.

(1). RIVERS AND STREAMS.—Action has been taken by the service of notice under Section 50 (2) of the Land Drainage Act, 1930, with regard to Clam Brook and its tributary, and also the brooks lying between Orford Road and Winwick Road, to prevent flooding. Certain sewers have been extended in the Orford area, which will pick up houses in Orford now drained direct into the Padgate Brook.

(2) DRAINAGE AND SEWERAGE.—The Westy Lane Scheme of Sewerage has now been completed, and will be brought into operation on completion of the Sewage Disposal Works in Latchford, in March or April of this year. Thereafter the whole of the sewage of this area will receive partial treatment prior to its entering into the River.

Negotiations are proceeding with regard to the acquisition of land at Gatewarth Farm for the erection of a sewage disposal works to deal with the remainder of the Borough, and the Paving and Sewerage Committee have resolved that certain main sewers in the scheme, particularly in the Orford area, shall be carried out as soon as possible, and the Consulting Engineers instructed to advertise for tenders.

(3) CLOSET ACCOMMODATION, including Added Area, Borough Extension.—The proportion of w.c.'s to pails is now increasing, chiefly owing to the building of new property, and partly to the gradual conversion of some of the worst of the pail closets.

According to the latest return there are now :—

(1) WATER CLOSETS

in dwelling-houses	6058
,, schools	291
,, factories and workshops	1359
,, offices and shops	263
,, picture palaces	34
,, theatres	8
,, public institutions	200
,, railway stations	31
,, public conveniences	48
	8292

(2) PAIL CLOSETS.—13,586.

(The proportions in 1933 were w.c.'s 7,820, pails 13,720.)

(4) DISPOSAL OF THE DEAD.—There is no Crematorium in the town, and it has become necessary to consider the extension of the present Cemetery. An application was made to the Minister of Health for a Compulsory Purchase Order for approximately 40 acres of land to the South of the Cemetery, and an Inquiry was held into the matter on the 6th November, 1934, but no decision had been received at the end of the year.

SANITARY INSPECTIONS OF THE DISTRICT.

Systematic inspection of all areas of the town has been carried out during the year, and a large amount of valuable work has been carried out by the staff under our Chief Inspector (Mr. W. T. Flood).

Altogether 7,271 visits have been paid by the inspectors, which, added to those paid to cases of infectious disease and tuberculosis, make up a total of 14,692 during the year as follows :—

VISITS PAID BY INSPECTORS.

Visits to deal with property, nuisances, etc.	7,271
,, ,, cases of infectious disease (p. 87)	5,857
,, ,, cases of tuberculosis (p. 95)	1,564
Total	14,692

The following table shows the number of **nuisances** found and dealt with during 1934:—

A SUMMARY OF NUISANCES DEALT WITH DURING THE YEAR.

Insufficiently ventilated rooms.....	65
Dirty dwellings	8
Defective floors	108
Defective walls and ceilings (plaster)	184
Dirty walls, ceilings and floors	16
Defective roofs	209
Defective spouting	197
Defective and absent slopstones and pipes	54
Blocked drains	263
Defective drains	35
Defective pavements in yards and passages	17
Defective chimneys and ranges	87
Damp walls of dwellings	55
Defective window frames.....	96
Defective pail closets and ash-places	135
Defective or absent ashplace doors.....	78
Defective or absent closet doors	36
Defective water closets	16
Accumulation of manure	13
Accumulation of refuse	6
Defective and dangerous yard and closet walls	29

Dirty walls, passages, yards and closets	4
Defective dwelling house doors	28
Animals kept so as to be a nuisance	5
Defective dwelling house walls	63
Dirty and choked w.c.'s	2
Pail closet conversions	25
Defective or absent yard gates	26
Defective washing boilers	29
Defective staircases	19
Insufficient sanitary accommodation	1
Dirty urinal	1
Miscellaneous	20
Total Nuisances	1930

Preliminary Notices sent calling attention to Nuisances	421	covering	1258 Nuis.
Legal Notices served to abate nuisances	214	covering	703 Nuis.

Out of the total number of nuisances found, 1,730, or 89.6%, were abated during the year under review, the remainder being carried forward into 1935 for suitable measures to be adopted. 200 nuisances remained unabated at the end of the year 1934.

Smoke Abatement.

During the last year 107 observations were made of chimneys with a view to the detection of the emission of black smoke. In 3 instances black smoke was emitted for a period in excess of the bye-law.

Legal notices were served in two cases by the instruction of the Health Committee; in the third case, at the instigation of the inspectors, larger and more efficient plant was installed. Subsequent observations have shown a marked improvement.

There can be no doubt that greater efforts should be made to obtain a purer atmosphere in our industrial towns, and such an object can be obtained without in any way penalising or hampering industry.

As reported last year, the Health Committee decided to inaugurate a Course of Lectures and Demonstrations on "Fuel Economy and Smoke Abatement," the lecturer being Mr. S. N. Duguid (B.Sc. Tech.).

The following are the results of the first session's work :—

SESSION 1933-34.

Examination of the Manchester and District Regional Smoke Abatement Committee.

Number of Students enrolled, 19.
Examination held Wednesday, April 11th, 1934.
Number of entries for examination, 10.
Examination Results :—Passes, 8; Failure, 1; Absentee, 1.

The Certificates were kindly presented to the successful candidates by His Worship the Mayor (Mr. Councillor Austin Crowe, J.P.).

Owing to the success of the first course, it was decided to repeat it in the Autumn of 1934, when 12 more students enrolled. Once more we have to thank the Regional Smoke Abatement Committee for a grant of £20 towards the expenses of the courses.

Premises and Occupations which can be controlled by Bye-laws or Regulations.

In addition to the inspection of the district for nuisances, etc., there is the supervision of PREMISES AND OCCUPATIONS controlled by bye-laws or regulations. The following is a summary of the work in this respect :—

	No. of Premises	No. of Inspections
Workshops	132	346
Factories (Sanitary Accommodation)	—	30
Canal Boats	30	30
Common Lodging Houses	19	1148
Houses Let-in-Lodgings	11	23
Smoke Observations	92	107
Bakehouses	58	194
Milkshops and Shops where Bottled Milk is sold	343	429
Cowsheds	9	64
Ice-cream (premises where manufactured)	45	69
Slaughter Houses	10	1182
Butchers	111	305
Premises where Potted Meat, Sausages, etc. are prepared	70	330
Fried-fish Shops	115	103
Tripe-boilers' Premises	3	97
Gut Scrapers	1	31
Artificial Manure Works	1	49
Refuse Tips	5	44
Stables and Middensteads	149	235
Pig-Styes	45	88
Places of Entertainment	15	49
Hairdressers	119	85
Schools	23	41
Public Conveniences	24	100
Marine Stores	1	23
Number of Premises Disinfected after Cases of Infectious Disease	1006	
Number of Articles Disinfected by Steam Disinfector	8584	

The defects found at the inspections given in the preceding table were :—

FACTORIES AND WORKSHOPS.

	Factories and Workshops.	Workshop Bakehouses.	Factory Bakehouses.	Total.
Defective roofs, floors, walls, windows, and water-fittings	4	1	—	5
Want of Cleanliness—Walls and Ceilings	19	8	14	41
Blocked drains	2	—	1	3
Sanitary Accommodation :—				
Defective	10	—	—	10
Want of cleanliness	8	1	1	10
Insufficient	—	—	1	1
Insufficiently screened	2	—	1	3
Emission of grit, dust, etc., to public thoroughfares	1	—	—	1
	46	10	18	74

MILKSHOPS (343).

Absence of waste-pipe—dairy	1
Blocked drains	1
Want of Cleanliness—Walls and Ceilings	6
Defective Roof	1
Sale of unsuitable commodities	1
Insufficiently ventilated rooms	1
Cleansing of vessels, insufficient hot water supply	1
	12

SLAUGHTER HOUSES (10).

Accumulation of Manure	3

HOUSES LET IN LODGINGS (11).

Defective Walls and Ceilings	2

COWSHEDS (9).

Want of Cleanliness—Walls and Ceilings	1

COOK-HOUSES (70).

Conversion to Water Closet	1
Defective ceiling plaster	1
	2

PIGSTIES (45).

Want of Cleanliness—Walls and Ceilings	1

STABLES (149).

Accumulations of Manure	9
Accumulations of Refuse	1
Dangerous roof	1
	11

COMMON LODGING HOUSES (19).

Defective W.C.'s and Pail Closets	3
Blocked and Defective Drains	1
Want of Cleanliness—Walls and Ceilings	3
Want of Cleanliness—Floors, W.C.'s and Pail Closets and Passages	5
Defective Staircase, Windows, Doors, Wall and Ceiling Plaster, Floors and bib taps	7
Dirty urinal	1
Defective fire-escape	1
	21

RESTAURANT KITCHENS (16).

Want of Cleanliness—Walls and Ceilings	1

HAIRDRESSERS (119).

Defective drain	1

BUTCHERS' SHOPS (111).

Blocked Drains	2
Accumulation of Refuse	1
Defective Ceiling Plaster	1
Defective Ash-Plate Door	1
	5

PUBLIC CONVENIENCES (24).

Defective Flushing Cistern	1

FRIED FISH SHOPS (115).

Blocked Drain	1
Defective Yard Paving	1
Want of Cleanliness	1
Animals improperly kept	1
Conversion to Water-Closet	1
	5

RATS AND MICE DESTRUCTION ACT, 1919.

The Borough Surveyor is the officer authorised by the L.A. for the administration of this Act, which places a penalty on the Occupier (not Owner) of any land (including premises, etc.), who fails to take all practicable steps to rid his property of rats and mice.

With reference to the Corporation's properties—mostly in the centre of the town—the number of traps set within the year was 2,496, and live rats caught in these traps 1,040. Prepared baits to the number of 5,400 have been laid, and a very large percentage of them taken, on the various tips and adjacent to water-courses.

The next table shows the annual return asked for by the Secretary of State :—

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES.

Including Inspection made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of Inspections.	Written Notices.	Occupiers prosecuted.
(1)	(2)	(3)	(4)
Factories (including Factory Laundries)	139	—	—
Workshops (Including Workshop Laundries)	431	—	—
Workplaces (Other than Outworker's premises)	2014	—	—
Total	2584	—	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects Found.	Number of Defects Remedied.	Number of Defects Referred to H.M. Inspector.	Number of offences in respect to which Prosecutions were instituted.
(1)	(2)	(3)	(4)	(5)
Nuisances under the Public Health Acts :—				
Want of Cleanliness	54	54	—	—
Want of Ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	26	26	—	—
Sanitary accommodation :				
Insufficient	1	1	—	—
Unsuitable or defective	18	18	—	—
Not separate for sexes	—	—	—	—
Offences under the Factory and Workshops Acts :—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Other offences (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).	—	—	—	—
Total	100	100	—	—

THE HOME WORKERS ORDER OF 1905.

The occupiers of one factory, also of three workshops, complied with the requirements of Section 107 of the Act, and furnished lists of homeworkers employed by them. These lists have to be forwarded to the Local Authority on or before the first day of February and the first day of August each year. The lists contained the names of 17 homeworkers, 4 resident in Warrington, and 13 in adjacent urban or rural districts. The names and addresses of the workers resident outside the Borough were forwarded to the Local Authority concerned. Of the Warrington homeworkers 3 were engaged in making wearing apparel and 1 as file and tool maker, and of those resident outside the borough, 13 were engaged in file or tool making.

No cases of infectious disease were notified in the homes of Warrington homeworkers, and it was not found necessary to report in any case adverse circumstances in their homes or surroundings.

CANAL BOATS.

30 canal boats inspected at Warrington were berthed on the River Mersey, either at Bank Quay, Bishop's Wharf, or Howley Quay. They were found in a satisfactory condition. These boats travel between Manchester and Liverpool, and are subject to inspection not only by the Inspectors at the towns mentioned, but also they are visited by the Manchester Port Sanitary Inspector, who is on duty on the Ship Canal between Eastham and Manchester.

PLACES OF ENTERTAINMENT.

There are nine Picture Houses and one other place of entertainment open each evening for the benefit of the public. In addition we have one skating rink and four halls which are used fairly regularly either for concerts or public meetings. All these premises are visited with a view to ascertaining that the means provided for ventilation during performances are made use of, and also to see that during the daytime the doors and windows are thrown open to admit both fresh air and sunlight. The cleansing of the premises and the removal of refuse have been fairly well carried out, while the drains and sanitary conveniences have been kept clean and in good order.

Some points with regard to our supervision of these places of entertainment will be found in the Reports for 1919, 1920 and 1929.

REFERENCES TO OTHER DEPARTMENTS.

1.	To Borough Surveyor (Blocked drains, defective pavements in streets and back passages, etc.)	98
2.	To Water Engineer (Defective fittings resulting in waste of water, etc.)	13
3.	To Cleansing Superintendent (Absence of ashbins and pails, defective ashbins or leaking pails, non-removal of house refuse, etc.)	63

SCHOOLS.

A Special Report on the health of the School Children of the Borough has already been issued.

The Medical Officer and his staff deal with the sanitary condition of the Schools, and with all cases of infectious disease arising in them.

Apart from the routine medical inspection of the scholars for various defects and ailments, a large amount of work is done each year in endeavouring to prevent the spread of infection among them.

The total number of Elementary School children on the registers was 12,431. The number of cases of notifiable infectious disease occurring among school children in 1934 is shown as follows :—

Scarlet Fever	155
Diphtheria	333
Pulmonary Tuberculosis	2
Other Tubercular Diseases	7
	497

and similarly the number of cases of non-notifiable infectious disease :—

Measles	1043
Whooping Cough	350
Chicken Pox	646
Mumps	3
Sore Throat	268
German Measles	59
	2369

In order to minimise as far as possible the risk of the conveyance of infection, school children are referred to the Medical Officer of Health, who sees certain cases each morning.

These consist of :—

Convalescents from infectious disease.

" Contacts " with cases of infectious disease.

Children who are suspected to be suffering from infectious disease.

Children who are suffering from sore throats.

The numbers dealt with in 1934 are shown in the next table :—

Scarlet fever convalescents (examined prior to return to school)	184
Diphtheria convalescents (examined prior to return to school)	367
"Contacts" with cases of diphtheria	460
Sore throats	49
Rash	15
	1075

Further particulars of 5,857 visits paid by the Inspectors in case of infectious disease in the homes of the children will be found on page 87.

SECTION D.

Housing.

A description of the general Housing Conditions of the Borough was given in the 1930 Report.

The number of houses in the Borough at the end of 1934, according to the Rate Books, was 19,245, and classified as follows :—

Mansions	2
Charitable Institutions, etc.	9
Houses and Shops	1067
Licensed Premises	146
Private Dwellings	18021
	19245

HOUSING REQUIREMENTS.

There is certainly not as much over-crowding as there was a few years ago. The Housing Committee was gradually overtaking the shortage of houses for ordinary growth of population, but the cessation of building under the 1924 Act will very soon place us in arrears again.

HOUSING APPLICANTS.

The total number of applications received since commencement of registration in 1920 to the end of 1934 is		7446
The number of tenancies granted by the Committee, 1920, to end of 1933	2406	
Number of tenancies granted during the year 1934, under Housing Act, 1924	200	2606
NOTE.—54 tenants of houses gave up their tenancy during the year.		
The number of applicants who have been allowed to become lodgers in Corporation houses		776
Number who have removed or obtained accommodation elsewhere		2932

At present we have remaining on the Register :

Applicants living in overcrowded houses..	485	
,, not ,, ,, ,,	512	
,, not ,, within the Borough ...	135	
	1132	
		7446

Number of interviews with applicants at Health Office in 1934 = 3747

Number of visits to houses of applicants = 671

In addition 682 exchanges have been permitted by the Committee to tenants of Corporation houses with tenants of privately owned houses, and 729 tenants of Corporation houses have been permitted to take lodgers.

Sites and Types of Municipal Houses.

A complete list of the sites and types of Corporation houses was given in the 1930 Report.

Number of New Houses Built in 1934.

88 new houses were built by private enterprise in the town during the year, and 351 under the L.A.'s schemes. The new houses were erected on the Reynolds Street and Bewsey sites. 283 were A3 Type houses and 68 were A2 Type houses.

The total number of houses built during the period 1911 to 1934, by private enterprise and the L.A. was 4,791 (2,702 by the L.A.), or an average of 199 per year.

The number of persons who have taken advantage of the Small Dwellings Acquisition Act and purchased their own houses is 1,607.

The total amount of money advanced by the Corporation for this purpose up to the end of the financial year ending March 31st, 1935, was £454,174.

Housing Act, 1930.

A circular letter (No. 1331) from the Minister of Health, dated 6th April, 1933, invited all Housing Authorities to prepare and submit to him programmes for the demolition of all houses in their area unfit for human habitation, and for the provision of the necessary re-housing accommodation.

The following programme of local requirements and of the action intended to be taken under the Housing Act, 1930, in the years 1933-38 was submitted to the Minister :—

(1) Areas to be declared Clearance Areas :—

Dolmans Lane Area (54 houses to be demolished, 252 inhabitants).
Turner Street Area (113 houses to be demolished, 506 inhabitants).
Stanley Street Area (24 houses to be demolished, 151 inhabitants).

(2) Area in which improvement by way of re-conditioning or otherwise is necessary :—

Dial Street Area (39 houses to be demolished, 178 inhabitants to be displaced).

(3) Individual houses to be dealt with under Section 19, 326 (as on list submitted), with 1,309 inhabitants.

(4) Provisional time-table :—

James Street Area, 1933.
Dolmans Lane Area, 1934.
Turner Street Area, 1935-6.
Stanley Street Area, 1937.
Dial Street Improvement Area, 1934-5.
Individual Unfit Houses, 1933 to 1938.

Progress in Demolition of Insanitary Property and in Re-Housing Under the Housing Act, 1930.

James Street Clearance Area.

On the 2nd May, 1933, the Council, in pursuance of their powers under Section 2 of Part I. of the Housing Act, 1930, made a "Clearance Order" for the demolition of all the buildings in what is known as the James Street Area. This was in due course confirmed by the Minister of Health in an Order dated 6/12/33.

The first tenants were displaced in April, 1934, and the last in September, 1934, and were re-housed at Bewsey and Latchford.

Demolition.

The number of houses demolished in the area by the end of 1934 was 56. This figure includes 14 Corporation-owned houses on this site, and 2 privately-owned houses demolished by the owner before the Ministry Inquiry.

Of 10 houses excluded from the Order by the Ministry 5 have been demolished as Individual Unfit Houses.

FURTHER CLEARANCE AREAS.

In persuance of powers under Section 1, Part 1, of the Housing Acts, 1930, official representations were made by the Medical Officer of Health regarding the following Unhealthy Areas :—

Official Representation	Area	No. of Houses	Confirmation	
			By Council	By Ministry
May 5th, 1934	Stanley Street	24	June 5th, 1934	March 11th, 1935
June 25th, 1934	Harts Place	10	July 31st, 1934	Do.
Do.	Dolman's Lane	40	Do.	Do.

The total number of dwelling-houses concerned was 74, and the population 276.

Hart's Place Area contains 5 and Dolman's Lane Area 10 Corporation-owned houses.

INDIVIDUAL UNFIT HOUSES.

Considerable progress had already been made with the demolition of insanitary houses in the two preceding years, and the following property was dealt with during 1934 :—

INDIVIDUAL UNFIT HOUSES (CLOSED IN 1934).

Crossley Street, 32a.
Church Street, 65.
Chester's Yard, 1, 2, 3, 4, 6.
Cockhedge Lane, 3.
Evelyn Street (Huts), 2.
Heaton Square, 2, 4, 6, 8.
Jolley's Yard, 4, 6, 8.
Lythgoes Lane, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48.
Lower Ship Yard, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18.
Little Weint, 3, 5.
Wellfield Street (Huts), 1. Total, 46.

The foregoing, together with the property dealt with since the coming into operation of the 1930 Housing Act, totals :—

Houses Demolition Orders served	174
,, Demolished	120
Persons Re-housed	732

DEMOLITION OF WOODEN HUTS. LATCHFORD SITE.

These huts consisted of 10 ex-Army huts, and were converted into 20 dwelling-houses. They were first tenanted in 1920.

The structures became unsuitable and the cost of reconstruction prohibitive. Representation was made to the Ministry of Health for permission to demolish them.

After an inquiry by a Ministry of Health Inspector permission was granted on 8th June, 1934, for the huts to be demolished.

The tenants have been re-housed in various houses which had been previously tenanted on the Latchford site.

There are 20 similar huts at Bank Quay, and these will probably be demolished during 1935.

De-infestation of Furniture, etc., from Vermin.

Our arrangements were continued during 1934 for the de-infestation of all the household effects of persons before transfer from insanitary property to new municipal houses.

A special van is used for the purpose, and all furniture, etc., is exposed to Cyanide gas, the work being carried out on our behalf by the expert staff of a Liverpool firm.

Bedding, clothing, etc., is submitted to high pressure steam in a Washington Lyon Disinfector.

Up to the end of the year 1934, 198 households had been dealt with.

Caravans.

As in many other areas the problem of dealing with caravans and sheds as human habitations is a difficult one.

Some remarks on the problem were embodied in last year's Report.

The Committee seriously considered the matter during 1934, and it was decided to deal with the majority of them by demolition and re-housing under the 1930 Act.

The following are the statistics *re* housing asked for by the Ministry of Health in Circular 1346 (2/10/33), and includes particulars of the work of inspection of insanitary dwellings and of action taken under various Statutory Powers during 1933 :—

(a) **Statistics.**

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b)	439
(b) With State assistance under the Housing Acts	
(i) By the Local Authority	351
(ii) By other bodies or persons	Nil
(c) Without State assistance	88

1. Inspection of Dwelling Houses during the Year.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,595
(b) Number of inspections made for the purpose	5,976
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected recorded under the Housing Consolidated Regulations, 1925	350
(b) Number of inspections made for the purpose	1,275
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	34
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1,010

2. Remedy of Defects during the Year without Service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	678

3. Action under Statutory Powers during the Year.

A.—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	15
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	15
(b) By Local Authority in default of owners...	Nil

B.—Proceedings under Public Health Act.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	332
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	304
(b) By Local Authority in default of owners...	Nil

C.—Proceedings under sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made 46

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 69

D.—Proceedings under section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made Nil

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit Nil

SECTION E.

The Inspection and Supervision of Food.

(a) Milk Supply.

At the end of the year 1934 there were nine cowsheds within the town, six of these being first included at the time of the Borough Extension. They have been regularly visited, and the cattle kept therein examined by the Veterinary Inspector.

There are 72 premises registered for the sale of milk, and in addition 271 shopkeepers sell milk in closed bottles (chiefly sterilized).

The following table gives the numbers of samples submitted for bacteriological and chemical examination, and the results :—

Samples submitted for bacteriological examination	142
Number found to contain tubercle bacilli	18
Number of cows giving milk containing tubercle bacilli, which were found and dealt with	11
Samples of milk submitted to the Public Analyst	91
Number found adulterated (3 supplied from one farm)	8
Samples of fresh cream submitted to the Public Analyst	2

The cattle found to be giving milk containing tubercle bacilli were slaughtered and dealt with under the Tuberculosis Order, 1925.

As far as possible the samples taken for bacteriological examination are obtained from the producers' cans as soon as they arrive at the retailers' premises within the Borough. The greater portion of our milk supply comes from farms situated in Cheshire.

Since the year 1915 it has been our practice to submit for examination from 80 to 100 samples of milk per annum to ascertain its freedom from tubercle bacilli. These samples were obtained from the milk supplied for consumption within the town by producers resident both within and outside the Borough. Through the information obtained from these samples during the past 20 years (1915 to 1934), it has been possible to trace 162 cows giving milk containing tubercle bacilli. These animals were at once removed from the milking herds and slaughtered.

One hundred and seven samples were submitted for the detection of dirt or injurious bacteria. This number is in excess of any in previous years. In 16 cases the result was unsatisfactory. When the result of the examination is unsatisfactory, enquiries are first made at the dairy, and afterwards at the producer's premises. When the producers' premises are situated outside the Borough, a

copy of the Bacteriological Certificate is forwarded to the Medical Officer for the district with an intimation that further samples will be taken, and if the sample of milk is still unsatisfactory the matter will be considered as to the necessity of instituting proceedings. Further samples have been taken, and in every instance considerable improvement has been found.

Eight out of the 91 samples of milk submitted to the Public Analyst were found to be unsatisfactory.

There has only been one licence issued in the Borough under the Milk (Special Designation) Order, 1923, and that for pasteurised milk.

Several persons resident outside retail " Graded Milk " by motor vehicle in the Borough.

The Local Authority are endeavouring to encourage the production of the better grade of milk by stipulating that the milk supply for the Borough General Hospital, the Isolation Hospital and Maternity Home should be "Grade A" (Tuberculin tested).

Also the free milk supplied to the necessitous expectant and nursing mothers and ailing children is either Grade A (Tuberculin) Tested or Pasteurised.

A scheme to encourage the consumption of more milk among school children is mentioned in the Annual Report on School Hygiene for 1931.

The general public are still far from realising the great importance, especially to children, of consuming pure milk, but the milk must be pure.

It is estimated that in this country about 6 per cent. of all deaths from tuberculosis are caused by tubercular milk ; that about 2,000 deaths, mostly in children, occur annually from this cause ; that at least 4,000 fresh cases of tubercular infection due to milk develop each year ; and that an immense amount of suffering, invalidity and often permanent deformity is caused by impure milk.

This being so, is it not worth while paying the penny a pint extra, in the case of children at any rate, for a milk which can be guaranteed free from the infection of tubercle?

If anyone in Warrington finds difficulty in obtaining Grade A. (Tuberculin tested) milk they have only to apply at our Health Department, and information will readily be available regarding sources of supply.

Efforts are being made by the Milk Marketing Board to increase the consumption of milk, but whilst recognising the extreme value of this food as an article of diet, before one can wholeheartedly support the campaign there must be a definite assurance that steps are being taken to promote a milk supply free from tubercle bacilli.

(b) Meat and Other Food.

(i) The Public Health (Meat) Regulations, 1924.

The Regulations have been of considerable benefit in the transport and handling of meat.

The practice of retailing meat on handcarts, horse-drawn or motor vehicles still continues, and although some of the motor vehicles now in use for this purpose are in first-class condition, we do not approve of the principle.

There is no public abattoir in this Borough. We have ten private slaughter-houses (2 register, 8 licensed). One of the slaughter-houses is only used at irregular intervals, and at another pigs only are slaughtered.

The slaughter-houses are regularly visited by the inspectors, chiefly during the time slaughtering is taking place. Not only do the inspectors examine the meat and view the premises as to the conditions of cleanliness, but also see that no cruelty takes place.

Thirty-six notifications were received from Pigkeepers of their intention to slaughter one or more of their pigs. All the carcases and internal organs were examined, and in two instances the carcases were condemned.

The total number of carcases, etc., condemned at the slaughter-houses during the year was as follows :—

Twenty beasts, 2 sheep, 7 pig carcases with their offals, and in addition 2,240lbs. of offal. The chief cause for condemnation in both beasts and pigs was tuberculosis.

(ii) The Necessity for Improved Slaughter-house Accommodation in the Borough.

The provision of a public abattoir in Warrington has been considered by the Local Authority on many occasions, and in March, 1931, the matter was deferred to see what the effect (if any) was locally of the erection of a new and extensive abattoir at Liverpool.

Since then matters have become worse. Many of the old slaughter-houses have become more and more dilapidated, and are entirely unsuitable for their purpose.

In one case the slaughter-house is situated in close proximity to a new public elementary school which has just been opened.

During the early part of the year the Medical Officer of Health reported again on the question of the slaughter-house accommodation in the Borough. A resolution was passed by the Health Committee, and confirmed by the Town Council, that a Public Abattoir should be erected. At a later date the Committee inspected various sites and gave instructions to the officials concerned. The utmost difficulty has, however, been experienced in finding a suitable site.

The alternative to a public abattoir appears to be to permit one of the butchers to provide adequate and up-to-date accommodation so that the other butchers can also use it, and on such terms grant him a licence.

(iii) Unsound Food.

The following table is a summary of the amount of unsound or diseased food which has been destroyed by the Health Department during the year :—

Beast Carcases	94	cwts.
Beast Offal	12	,,
Sheep Carcases and Offal	1	,,
Pig Carcases and Offal	28	,,
Tinned Meat	20	lbs.
Fish	8	cwts.
Rabbits	156	carcases.
Cheese	154	lbs.
Pears	26	boxes.
Plums	2	baskets.

Four bags of sheep and beast feet, which were found to be unsound while in transit on the railways, were destroyed.

(iv) Slaughter of Animals Act, 1933.

This Act came into operation on the first day of January, 1934. It is now an offence to slaughter any animal in a slaughter-house or knackers yard unless it is first stunned by a mechanically operated instrument in proper repair.

Forty-eight applications were received from slaughter-men for a licence to slaughter animals, and all were granted after due inquiry. This is in conformity with Sec. 3 of the Act.

(c) Adulteration, etc., of Foods.

Action taken under various Acts to prevent adulteration of milk and other foods.

Artificial Cream.

Three samples of cream were submitted to the Public Analyst and found to be genuine.

The use of artificial cream for the filling of cream cakes has become very prevalent.

Condensed Milk and Dried Milk Regulations.

There are no factories in this borough where either Condensed or Dried Milk are prepared. The material sold is of the well-known brands and labelled in accordance with the requirements of the Regulations. Five samples were examined and found to comply with the Regulations.

Public Health (Preservatives, etc., in Food) Regulations.

All samples in which preservatives might reasonably be expected to be present were tested for preservatives. Only in one case was any preservative found.

Nineteen samples were specially obtained for the purpose of ascertaining whether preservatives had been used. They were Ox Tongue, Pork, Potted Meat and Shrimps, and Meat and Fish Paste; also Bacon. Only in four samples of Bacon was there detected any contravention of the Regulations, and this was trivial in character.

I am indebted to Mr. Graham Sherratt, the Public Analyst, for the following report upon the samples analysed under the Food and Drugs Act and related Acts during the year ended 31st December, 1934.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

I beg to submit for your consideration the following Report upon the work done by me under the above Act, during the year ended 31st December, 1934.

NUMBER OF SAMPLES ANALYSED.

The total number of samples of food submitted for analysis under the Act during 1934 was 174, representing an increase of 25 samples compared with 1933.

NUMBER OF EACH VARIETY OF FOOD ANALYSED DURING 1934.

Description of Sample.	Number Analysed. Formal.	Informal.	Total.	Number Adulterated
Milk	62	29	91	8
Butter	0	19	19	0
Cream	1	1	2	0
Beef Suet	0	6	6	2
Bacon	0	5	5	4
Malt Vinegar	1	4	5	0
Ox Tongue	0	4	4	0
Pork	0	1	1	0
Pressed Beef	0	3	3	0
Oxtail	0	1	1	0
Potted Meat	0	1	1	0
Potted Shrimps	0	1	1	0
Meat Paste	0	1	1	0
Salmon Paste	0	1	1	0
Salmon & Shrimp Paste	0	1	1	0
Full Cream Dried Milk	0	2	2	0
Infants' Food	0	3	3	0
Dried Mint	0	2	2	0
Tea	0	15	15	0
Coffee	0	4	4	0
Cheese	0	5	5	0
Fresh Cream Cake	0	1	1	0
Totals	64	110	174	14

The following table shows the number of samples analysed each year for the past five years :—

TABLE No. 1.

	1934	1933	1932	1931	1930
Formal samples	64	62	59	47	61
Informal samples	110	87	102	122	80
Total	174	149	161	169	141

In the above table the description "Formal" and "Informal" relates to the method of sampling, and has no other significance with regard to the subsequent treatment of the sample by the analyst. In taking formal samples, the articles must be divided into three portions, each of which must be separately sealed and labelled. Of these, one is left with the vendor, one is sent for analysis, and the third portion is reserved. This procedure, whilst necessary if a prosecution is contemplated, is tedious and may occasion much inconvenience to a retailer in a busy shop. To avoid this, it is customary to take "informal" samples of many articles, such samples being purchased as an ordinary transaction by the Sampling Officer or his agent, and being sent for anlysis without any knowledge of the matter on the part of the vendor. Samples so taken are dealt with on their merits, and are followed up by the taking of a "formal" sample only as required.

The method has disadvantages, in that it is not always possible to obtain a second (formal) sample of an article that has proved to be adulterated, but on the whole the practice is a good one, and saves considerable time and inconvenience both to the Sampling Officer and the retailer who supplies him.

TABLE No. 2.

Number and percentage of samples adulterated.

Year.	Number analysed.	Number adulterated.	Percentage adulterated.
1934	174	14	8.0
1933	149	24	16.1
1932	161	12	7.5
1931	169	8	4.7
1930	141	7	4.9

As has been mentioned in previous Reports, percentages of samples adulterated are not a reliable indication of the actual condition of the food supply of the Borough, If an informal sample is reported against, it is usually followed up by the taking of one or more formal samples, and if these also are unsatisfactory, the natural consequence is to increase the percentage of adulterated samples to a disproportionate extent.

The samples analysed during 1934 included 22 varieties of food, and a table is given at the end of this Report, showing the number of each variety analysed. No samples of drugs, or of wines or spirits, were submitted.

MILK.

The year 1934 was somewhat remarkable for the comparatively few samples of milk that were found to be adulterated. During the year 91 samples were analysed and of these 8 were reported as failing to contain the minimum of fat or solids-not-fat prescribed for genuine milk by the Sale of Milk Regulations

The following table gives details of these samples :—

ANALYSIS.

Sample No.	Fat.	Solids-not fat.	Water.	Nature and extent of deficiency.
290*a*	3.3	8.4	88.3	Deficient in solids-not-fat to the extent of 1 per cent. This sample was sour and the deficiency may well have been due to this cause.
		This was a sample of Bottled Milk. Further samples have been analysed during the year and found correct.		
295	2.9	9.1	88.0	Deficient in fat to the extent of 3.3 per cent.
		This was found to be due to irregular intervals between the times of milking.		
296	5.5	8.3	86.2	Deficient in solids-not-fat to extent of 2.3 per cent.
		Obtained from same farm as previous sample, on same day, but different time of milking.		
308	8.1	8.3	83.6	Deficient in solids-not-fat to extent of 2.3 per cent.
		No action taken.		
318	5.8	8.1	86.1	Deficient in solids-not-fat to extent of 4.7 per cent.
		No action taken.		
330	3.17	8.08	88.75	Contains 5 per cent. extraneous water.
		Further samples to be taken.		
331	2.85	9.15	88.0	Deficient in fat to extent of 5 per cent.
		No action. Purchased from 4 quarts in tankard. Three dozen quarts had been sold retail.		
341	3.27	8.16	88.57	Contains 4 per cent. extraneous water.
		Further samples taken. Proceedings instituted in 1935.		

It may be seen from the above table that in the five samples Nos. 290 to 318 the deficiencies are extremely small, and, in the absence of any evidence of deliberate adulteration, it was considered that the only action required was further supervision and sampling from the vendors concerned. This has been done in most cases and subsequent samples have proved to be of satisfactory quality.

Samples No. 330 and 341 both contained small quantities of extraneous water and it was recommended that further samples should be taken from the vendor at a later date.

Sample No. 331 was deficient in fat to the extent of 5 per cent., but it was taken from a can from which most of the milk had been removed during the ordinary course of the milk round, and there can be little doubt that the deficiency was a result of insufficient stirring of the bulk. No action was taken in this case.

Apart from the above samples the milk analysed during the year was of normal quality. The following table shows the average composition of the "genuine" samples in each quarter :—

TABLE No. 3.

AVERAGE COMPOSITION OF "GENUINE" SAMPLES OF MILK.

	Milk Solids	1934	1933	1932	1931
Jan-March	Fat	3.63	3.54	3.75	3.66
	Solids-not-fat	8.88	8.74	8.70	8.76
April-June	Fat	3.79	3.53	3.93	3.41
	Solids-not-fat	8.70	8.70	8.89	8.70
July-Sept.	Fat	3.89	3.60	4.15	3.91
	Solids-not-fat	8.69	8.60	8.68	8.62
Oct.-Dec.	Fat	4.06	4.02	3.85	3.95
	Solids-not-fat	8.75	8.81	8.74	8.80

EXTRANEOUS DIRT IN MILK.

None of the samples received during the year contained visible dirt in excess of 5 parts per 100,000. Nearly all milk now is strained before it reaches the purchaser, and it is at least doubtful how far the absence of visible dirt is any indication of the cleanliness of the milk.

SAMPLES OTHER THAN MILK

Of articles other than milk, comprising 83 samples of miscellaneous foods, six (all informal) were regarded as unsatisfactory. These included 4 samples of Bacon, and 2 of Shredded Suet. The samples of Bacon contained sulphur dioxide preservative to the extent of 35, 40, 40 and 45 parts per million, and the presence of this substance is a contravention of the Public Health (Preservatives in Food) Regulations. The amount of sulphur dioxide found, however, was much too small to be capable of exercising any preservative action, and its

presence was probably accidental and unknown to the vendor. It is the duty of the Public Analyst to report any infringement of the Regulations, but in these cases the opinion was expressed that the matter was of no real significance. No further action was taken. The two samples of Shredded Suet contained 81.0 and 81.7 per cent. of fat, the remainder being rice flour. In the manufacture of this article beef fat is cut into small pieces by machinery and is coated with flour (usually rice) to prevent adhesion of the grains. No standard having strictly legal authority has been made for this article, but it is the generally accepted opinion that Shredded Suet should contain at least 83.0 per cent. of fat, and a number of successful prosecutions have been based upon this presumptive standard. The samples in question, therefore, were regarded as deficient in fat to the extent of 2.4 and 1.6 per cent. respectively. Up to the time of writing this Report formal samples have not been taken to follow up.

PRESERVATIVES.

One hundred and fifty-three of the samples received during 1934 were specially tested for preservatives ; this number included all samples in which preservatives might reasonably be expected to be present, or in which they would be capable of serving a useful purpose. Only in the four samples of Bacon, mentioned earlier in this Report, was there detected any contravention of the Public Health (Preservatives in Food) Regulations, and as in these cases the offence was trivial in character, the position may be regarded as quite satisfactory.

METALLIC CONTAMINATION.

With the advance of scientific knowledge and the consequent improvement in methods of manufacture that has followed, it is rare at present to find any serious metallic contamination of foodstuffs, but the practice has been continued of testing a large proportion of the samples received for the presence of arsenic, lead and copper. It is not possilbe to test all samples in this manner, since sometimes the amount of the article received is not sufficient but it is satisfactory to record that of the samples tested during 1934, no case of appreciable metallic contamination was detected.

The samples not specifically referred to above, were all reported as genuine, and in the main they do not call for individual comment. The following outline, however, may be made :—

The samples of Butter were uniformly free from adulteration with foreign fat, preservatives or excess water. A formal sample of Cream, taken in response to a complaint that it contained a thickening agent, yielded no evidence of any such substance, and, in fact, was an unusually rich article containing 59.2 per cent. of fat. The presence of so much fat would render a thickening agent entirely redundant, as the sole object of any such substance is to give a factious appearance of richness ; it may be concluded that the complaint was without foundation. One sample of Malt Vinegar was reported as genuine, but of poor quality. This opinion was communicated to the manufacturers, but was not accepted by them as sufficient grounds for making any alteration in their product. No legal standard for Malt Vinegar exists in this country, and, in consequence, difference of opinion must of necessity arise as to what its properties should be. No further action was taken in the matter. The samples of Dried Milk conformed in all respects to the Public Health (Dried Milk) Regulations, and the samples of Infants Food were of satisfactory quality. All the samples of Ox Tongue, Pork, Pressed Beef and Oxtail were free from preservatives, and the samples of Potted Meat and Potted Shrimps did not contain preservatives, excess water, or metallic contamination.

The samples of Dried Mint were free from foreign leaves, and the Tea, Coffee and Cheese were of good commercial quality. Only one sample of Cream Cake was submitted and this was found to contain genuine Cream.

I am, Gentlemen,

Your Obedient Servant,

J. GRAHAM SHERRATT,
Public Analyst.

PURITY OF WATER SUPPLY.

(a) RESULTS ON CHEMICAL ANALYSIS:—

Date 1934		Sample No.	Free Ammonia.	Albuminoid Ammonia.	Oxygen absorbed in 3 hours.	Nitrogen as Nitrates.	Chlorine.	Solids Total.	Non Volatile Solids.
January	22	1	Nil.	0.0010	0.005	0.55	2.5	37.4	32.2
March	23	2	0.0005	0.0020	0.005	0.50	2.6	38.4	33.2
May	28	3	0.0002	0.0015	0.002	0.50	2.55	38.4	30.2
June	20	4	0.001	0.0025	0.13	faint trace.	0.9	5.2	3.2
June	20	5 well water	0.0005	0.02	0.15	3.3	6.4	70.6	54.6
June	20	6	0.0005	0.019	0.15	3.3	6.5	65.5	53.5
August	30	7	Nil.	0.0005	0.004	0.5	2.5	35.3	30.5
Sept.	27	8	0.0015	0.0015	0.025	0.4	2.50	34.0	31.0
Sept.	28	8*a*	0.0010	0.0005	0.002	0.5	2.55	38.4	33.4
Nov.	1	9	Nil.	0.0005	0.001	0.5	2.5	35.0	30.0
Nov.	20	10	Nil.	0.0005	0.001	0.52	2.5	37.0	29.0
Dec.	13	11	0.0075	0.0045	0.25	0.05	1.0	10.1	6.2

(b) Results of Bacteriological examination during the year 1934 of samples submitted to Prof. Maitland, Public Health Laboratory, Manchester.

Eleven samples submitted—bacillus coli, was not found in 100 c.c.'s in 5 samples, but was present in 100 c.c.'s of 4 samples though not present in 10 c.c.'s, and in two samples was present in 10 c.c.'s.

SECTION F.

Prevalence of and Control over Infectious and other Diseases.

NOTIFIABLE DISEASES.

Statistics in the Special Table requested by the Ministry of Health are given on pages

The number of notifications received, the incidence rate and number of deaths are given in the following tables :—

(a) Notifications.

The number of cases of notifiable infectious disease and the deaths therefrom, together with the numbers treated at Aikin Street Hospital, are given in the Appendix (page

During 1934 there was an increase compared with the previous year in the incidence of most of the infectious diseases :—

Scarlet Fever	244	Compared with 208 in 1933	
Puerperal Fever	2	,,	2 ,,
Enteric Fever	—	,,	— ,,
Pneumonia	337	,,	374 ,,
Erysipelas	49	,,	47 ,,
Diphtheria	475	,,	124 ,,
Tuberculosis :—			
Pulmonary	84	,,	79 ,,
Non-Pulmonary	32	,,	33 ,,
Encephalitis Lethargica	2	,,	— ,,
Smallpox	—	,,	— ,,
Measles	779	,,	128 ,,
Puerperal Pyrexia	12	,,	7 ,,
Cerebro Spinal Fever	4		1 ,,
Poliomyelitis	—		2 ,,
Ophthalmia	4		3 ,,

The incidence of infectious disease, except for the epidemic of diphtheria, compares favourably with the country as a whole per 1,000 of the population :—

	Incidence Rates of Warrington	England & Wales.
Smallpox	—	0.004
Scarlet Fever	3.01	3.76
Diphtheria	5.86	1.70
Enteric Fever	—	0.03
Puerperal Fever	0.02	0.06
Puerperal Pyrexia	0.14	0.15
Erysipelas	0.6	0.51

The case rates for Puerperal Fever and Puerperal Pyrexia are better expressed in relation to the births registered than to the population. When calculated on this basis the rates are Puerperal Fever 1.4, and Puerperal Pyrexia 8.5 per 1,000 total births registered during the year in Warrington, compared with Puerperal Fever 4.0 and Puerperal Pyrexia 9.6 per 1,000 for England and Wales as a whole.

The number of deaths due to the notifiable infectious diseases during the year were :—

Diphtheria	40
Scarlet Fever	5
Puerperal Fever	1
Cerebro Spinal Fever	1
Encephalitis Lethargica	4

SMALL-POX.

There were no cases of Small-pox in Warrington.

No vaccinations were performed by the Medical Officer of Health under the Public Health (Small-pox Regulations) 1917.

VACCINATION.

Particulars of this transferred service were given in the Report for 1930.

No alterations were made in the districts or in administration, and the Vaccination Officer works in close co-operation with the Health Visitors.

The following table gives a summary of the work for the year, and a further table contrasts the number of vaccinations for the past 22 years :—

VACCINATION OFFICER'S RETURNS.

For the year ending December 31st, 1934.

	District. No. 1.	No. 2.
Number of children registered during 1934, and residing in No 1 and No. 2 Districts	559	744
Number of cases submitted on Form H to the Public Vaccinators	308	429
Cases Vaccinated in No. 1 and No. 2 Districts	273	386
Number refused Vaccination	20	14
Cases postponed	10	24
Cases removed or Vaccinated by other Doctors after Form H has been sent	5	5
Number of Q Notices sent during 1934	215	287

The following is the return of the Vaccination Officer for the year 1934, compared with previous years :—

	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Births	2166	2238	1900	1774	1540	1625	1640	2272	2034	1808	1784	1642	1741	1645	1634	1651	1567	1593	1581	1475	1400	1533
Successfully vaccinated	1287	1421	1151	970	1183	876	1050	1433	1295	1244	1216	1192	1158	1119	1161	1146	888	893	873	888	817	760
Insusceptible of vaccination		2	2	2	1	3	1	4	2	1	5	2	1	8		4	2	7	7	5	1	3
Died unvaccinated	156	168	133	108	78	107	116	121	120	87	75	98	87	96	87	76	100	71	116	82	83	79
Exemptions	**347**	**407**	**382**	**331**	**334**	**285**	**332**	**574**	**484**	**400**	**325**	**278**	**325**	**313**	**286**	**365**	**408**	**458**	**441**	**435**	**407**	**461**
Removed : Address unknown	50	5	20	46	1	12	19	18	46	52	20	35	31	30	41	39	43	31	25	23	26	17
Had Smallpox																						
Children born in other districts but vaccinated here	11		5	2	8	10	24	17	14	14	17	12	13	13	12	12	12	5	9	3	3	2

Scarlet Fever.

During 1934 there were 244 cases with 5 deaths (mortality rate 0.06 per 1,000, compared with .01 per 1,000 the previous year).

38 cases were notified from the Borough General Hospital, Infirmary and Peninsula Barracks.

Out of the 244 cases 226 (or 93 per cent.) were removed to Aikin Street Hospital.

Measles.

This disease in Warrington is only notifiable in the case of children under five years of age.

There were 779 cases notified, with 13 deaths, a mortality rate of 0.16 per 1,000.

28 cases were treated in hospital during 1934. The District Nurse attended in the patients' own homes, in accordance with our arrangements, 47 cases, paying altogether 757 visits (see page 21).

729 visits were paid by the Health Visitors in supervising home treatment.

97 visits were paid by the Inspectors to the homes of children affected.

It is satisfactory to note that parents are inclined to obtain medical advice for cases of measles more frequently than formerly, and the Health Visitors report that in almost all cases a doctor is in attendance before the case is reported to the Health Department.

German Measles.

59 cases came to our notice during 1934.

Diphtheria and Membraneous Croup.

In 1934 there were 475 cases notified, with 40 deaths (a death-rate of 0.49 per 1,000). (99 per cent. removed to hospital).

A severe epidemic of Diphtheria occurred in Warrington throughout the year 1934.

The number of cases for the past 11 years is shown as follows :

1924	66
1925	99
1926	85
1927	83
1928	70
1929	138
1930	162
1931	73
1932	74
1933	124
1934	475

Not only was the incidence higher in 1934 than in any previous year, but the severity of the disease was greater than at any time during the past 25 years at least.

In the 1934 epidemic the age and sex incidence was :—

Age.	Males.		Females.	
0—5	40	...	45	
5—10	104	...	119	
10—20	50	...	73	
20 and Over	13	...	31	
	207	...	268	
				475

The fatal cases were of the following ages :—

Age.		Males.		Females.
0—5	11	... 7	...	4
5—10	22	... 15	...	7
10—20	3	... 0	...	3
20 and Over	1	... 0	...	1
	37	... 22	...	15

The fatal termination occurred :—

Within 24 hours of admission to Hospital	4
Within 6 days of admission to Hospital	18
Within 14 days of admission to Hospital	10
During 6th week in Hospital	5

The number of deaths in Hospital—37—gives a case mortality rate of 8.04% compared with an average of 5.9% annually for the past 10 years.

Swabs were sent to Stafford from November 22nd, 1934, to March 18th, 1935, and Dr. Menton, Bacteriologist of the Staffordshire County Council, who was conducting a research into epidemics of diphtheria, kindly reported to us on 67 swabs. I have to thank him for much valuable work in this connection, which was of great assistance to us.

Number of patients admitted to Hospital, January 1st to December 31st, 1934—462. 13 treated at home.

Number of deaths—37. Case mortality rate 8.04%.

The majority of the patients were children of school age—not having been immunised. Mostly admitted on 3rd day of disease. Mild cases occurred in two instances of children who had been recently immunised (less than 3 months before).

No other cases occurred in immunised persons, but only some 200 children had, within our knowledge, been immunised in the town up to the end of 1934. The infection in the majority of cases was of a very virulent faucial type.

In the most severe cases there was associated a large area of membrane foetor, marked degree of adenitis (of the anterior group), with signs of general toxæmia and prostration. The membrane covered tonsils, pillars of fauces, uvular, soft and hard palate. The andenitis gave the appearance of typical "Bull Neck." There was frequently associated a post nasal infection with profuse rhinorrhœa.

Albuminuria was present in most cases early in the disease. Of the 37 deaths—32 died of early cardiac failure, resulting from the severe toxæmia on admission.

The remaining 5 patients apparently responded to serum treatment during the initial stage, but developed a series of post-diphtheritic pareses, ending fatally with Pharyngeal or Diaphragmatic Paralysis during the 6th week of the disease. The treatment necessitated administration of large doses of Antitixon (B. & W. Concentrated Serum). In mild cases 20,000 units, in moderately severe 40 to 60,000 units, and in the severe type from 60 to 130,000 units of antitoxin were administered, and both the intravenous and intramuscular methods were used.

The proportion of cases according to severity of attack was

233	patients received	10,000 to 30,000	units of antitoxin.
161	,, ,,	40,000 to 50,000	,, ,, ,,
36	,, ,,	60,000 to 80,000	,, ,, ,,
32 (4 of these had 130,000)		80,000 to 130,000	,,

There was no marked resistance to antitoxin exhibited by any of the patients.

Adrenalin was injected hypodermically, and a small pre-initial dose of serum repeated 4 hourly for 24 hours was administered in all cases in which desensitisation was considered advisable. Coramine was resorted to as a cardiac and respiratory stimulant. Considering the severity of the type sequelæ was few, and the results comparatively good.

Reference is made on page 89 to the cases admitted to hospital suffering from Laryngeal Diphtheria, upon whom it was necessary to perform the operation of tracheotomy.

Enteric Fever.

There were no cases notified during 1934.

Puerperal Fever.

There was 1 death, a mortality rate of 0.01 per 1,000 compared with 0.03 per 1,000 in 1933.

Some further particulars *re* this disease are given on page 19.

Erysipelas.

49 cases of this disease were notified during 1934.

Acute Primary and Influenzal Pneumonia.

The total number of notifications received was 337, and out of these cases death resulted in 81 instances.

In the Annual Return of Deaths, 15 deaths from influenzal pneumonia are included under influenza, the primary cause, and not under pneumonia.

Encephalitis Lethargica (" Sleepy Sickness ").

Altogether 4 deaths were certified in 1934 as due to this disease, particulars of which are given as follows :—

Date of Death	Name	Age		Occupation	Where died	Cause of death
1934 Jan. 31st.	J.E.	58		Wire-worker	B.G.H. (admitted October 23rd, 1933)	Encephalitis Lethargica Myocardial degeneration.
			(Admitted as Paresis, Rt. Arm. Headache and Drowsiness.			
July 17th	L.D.	15		Unemployed	Aikin Street Hospital	Cardiac Failure. Encephalitis Lethargica
Aug. 27th	W.H.N.	61		Lead worker	B.G.H. (admitted January 25th, 1934	Paralysis Agitans, Encephalitis Lethargica.
				Parkinson's Disease—Pediculi		
Sept.24th	W.C.	68		Wire-worker	80, Wakefield (admitted June 19th, 1933)	Post Encephalitis Lethargica. Confusional Insanity

Of these, however, no notification was received in 3 cases, all of which had been admitted to hospital or the Whitecross Institution in the previous year.

The following 2 notifications were received in 1934 of cases, one of which died in the Isolation Hospital.

NOTIFICATIONS.

Date Notified	Name		Age		Where Treated
1934					
March 5th	W. W,		29		At Home.
July 3rd.	L. D.		15		Aikin St. Hospital.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

The following cases of non-notifiable infectious diseases came to our notice and were dealt with during the year :—

Measles (in children over 5 years of age)	1043
German Measles	59
Whooping Cough	350
Chicken-pox	646
Mumps	3
	2101

These do not represent the total of these diseases that have occurred in the Borough, but only those of which we have become aware.

As regards MEASLES, the cases given here are in addition to those notified to us as occurring in children under 5 years of age (see previous page, 83).

WHOOPING COUGH,

like measles, is a very fatal disease in young children. 350 cases came to our notice during 1934. There were 9 deaths from the disease.

WORK OF THE INSPECTORS DEALING WITH INFECTIOUS DISEASES.

The following is a statement of the visits paid by the Inspectors during the year :—

Visits to premises where cases of Scarlet Fever or Diphtheria, occurred	719
Revisits to premises where cases of Scarlet Fever, Diphtheria, or Enteric Fever had occurred to ascertain as to contacts, &c.	186
Revisits to premises where cases of Scarlet Fever or Diphtheria have been treated at home	78
Visits to premises where cases of Measles and German Measles have occurred	1102
Revisits to premises while the cases of Measles and German Measles were being treated	1144
Visits to homes of children reported by Education Department as being absent from School owing to either Whooping Cough, Chickenpox, or Mumps	999
Revisits to homes of children suffering from either Whooping Cough, Chickenpox, or Mumps	995
Visits to homes when children are absent from school with a Sore Throat or suspicious Rash	268
Visits to homes where cases of Influenza or Pneumonia have occurred	337
Visits to premises *re* cleansing and disinfection after cases of infectious disease	29
Total	5857

DISINFECTION.

DWELLING–HOUSES AND CLOTHING DISINFECTED DURING 1934.

1934	Articles Disinfected.	Houses, &c., Disinfected.	Tb. Houses Disinfected.	Tb. Articles Disinfected.	Beds Destroyed.
January	547	84	14	73	9
February	532	75	9	41	5
March	523	83	7	45	—
April	580	98	8	16	3
May	642	77	11	41	5
June	756	80	5	47	1
July	699	74	2	18	2
August	389	45	8	15	—
September	933	93	9	63	1
October	1183	118	3	1	1
November	823	83	5	41	1
December	997	96	1	—	—
	8604	1006	82	401	28

AIKIN STREET ISOLATION HOSPITAL.

The main diseases at present treated at this Isolation Hospital are Scarlet Fever, Diphtheria, Enteric Fever, Measles and Puerperal Fever. No charge whatever has been made for many years to patients residing within the Borough. When circumstances permit cases from Runcorn Rural, Warrington Rural, and Lymm Urban Districts are admitted.

Summary of number of Patients and Diseases for 1934 :—

	From the Borough	From Warrington Rural District	From Lymn Urban District	From Other Districts	Total
In Hospital, 31st Dec., 1933	24	1	1	—	26
Admitted in 1934 :—					
Scarlet Fever	228	27	5	—	260
Diphtheria	472	16	5	5	498
Enteric Fever.....	—	—	—	1	1
Cerebro-Spinal Meningitis	3	—	—	—	3
Encephalitis Lethargica	1	—	—	—	1
Measles.....	53	3	—	1	57
Whooping Cough	11	—	—	—	11
Pneumonia	9	—	—	—	9
Erysipelas.....	6	—	—	—	6
Puerperal Fever.....	—	1	—	—	1
Total treated 1934	807	48	11	7	873

This is the largest number of cases dealt with in the Hospital since 1931, when there was a heavy incidence of Scarlet Fever.

In Hospital, 31st Dec., 1934	From the Borough	From Warrington Rural District	From Lymn U.D.C.	From Other Districts	Total
Scarlet Fever	31	3	—	—	34
Diphtheria	63	—	1	1	65
Cerebro S.M.	1	—	—	—	1
Totals	95	3	1	1	100

DEATHS, in Aikin Street Hospital, 1934

Diphtheria	37	—	—	37
Measles	7	—	—	7
Whooping Cough	1	—	—	1
Cerebro S.M.	1	—	—	1
Scarlet Fever	4	—	—	4
Enceph. Leth.	1	—	—	1
Pneumonia	1	—	—	1
Others	1	—	—	1
Total	53	—	—	53

A special Report on the Diphtheria epidemic will be found on page 83 *et seq.*, including particulars of the cases treated in hospital.

Out of 5 cases admitted as Laryngeal Diphtheria the operation of tracheotomy was performed in 3 cases (all recovered).

The following table shows the number of operations performed during the past 9 years.

RETURN OF CASES OF TRACHEOTOMY DURING 1926—1934.

	No. of operations performed	No. of recoveries.	No. of deaths.
1926	9	6 (66.6%)	3 (33.3%)
1927	7	7 (100%)	Nil.
1928	8	6 (75%)	2 (25%)
1929	6	5 (83.3%)	1 (16.6%)
1930	7	4 (57.1%)	3 (42.8%)
1931	3	1 (33.3%)	2 (66.6%)
1932	2	—(00.0) %	2(100.0%)
1933	4	1 (25%)	3 (75.0%)
1934	3	3 (100%)	Nil.
Total	49	33 (67.3%)	16 (32.7%)

During the year all uncomplicated cases of patients who had suffered from Scarlet Fever were discharged at the end of 4 weeks.

Children convalescing from Scarlet Fever are immunized against Diphtheria if the parents desire it, after Schick testing, unless they are found to be already immune.

No. of Schick Positive Cases	95
No. of Schick Negative	33
Total tested	128

No. of cases Immunised 82

Of these 36 received 3 doses of T.A.F. (1 c.c).
8 received 2 doses of T.A.F. (1 c.c.).
14 received 1 dose of T.A.F. (1 c.c.).
24 received Alum Precipitated Toxin (★½ c.c.).

CANCER.

The number of deaths from Cancer during 1934 was 132, an increase of 6 over 1933.

The male deaths numbered 79, being an increase of 16 over the previous year. The female deaths were 53, being a decrease of 10 compared with 1933.

The age periods at which the increased number of male deaths occurred were between 55 and 65 years, an increase of 11 deaths, and between 65 and 75 years, an increase of 8 deaths. There was a decrease of 4 in the number of deaths over 75 years of age.

The increase is due to the number of deaths of males from Cancer in the Alimentary tract, which accounted for 48 deaths, as compared with 32 from this cause in 1933.

The ages at death were :—

Ages	0–	1–	2–	5 –	15–	25–	35–	45–	55–	65–	75–
FEMALES	—	—	—	—	—	—	5	7	22	14	5
MALES	—	—	—	—	1	2	2	13	29	29	3

These 132 deaths give a death-rate of 1.62 per 1,000 persons living.

The increase in the number of deaths ascribed to Cancer each year is shown in the next table :—

The following table gives the number of deaths from Cancer during the past 29 years.

	Number of deaths.	Death-rate per 1000 living.	Average death-rate, 5 year periods.
1906	60	0.85	
07	44	0.61	
08	42	0.57	0.68
09	46	0.62	
10	58	0.78	
1911	48	0.66	
12	59	0.81	
13	69	0.93	0.80
14	59	0.79	
15	58	0.81	
1916	62	0.88	
17	69	1.0	
18	68	0.98	0.96
19	71	0.94	
20	81	1.03	
1921	89	1.14	
22	75	0.94	
23	80	1.01	1.03
24	84	1.07	
25	79	1.01	
1926	83	1.06	
27	88	1.11	
28	87	1.09	1.15
29	103	1.29	
30	98	1.23	
1931	111	1.39	
32	111	1.39	1.48 past 4 years.
33	126	1.55	
34	132	1.62	

Inquiries are made into all Cancer deaths occurring in the Area, and the results are recorded on special cards. Investigations into the histories of all patients suffering from Cancer are made at the Borough General Hospital on the lines indicated in Circular 1136 of the Ministry of Health.

It is very difficult to obtain accurate information with regard to other members of a family who may have been affected with the same disease, as most patients are elderly people whose parents have been dead for many years, and the cause of death is not known or has been forgotten. However, the following table shows what has been elicited in this connection for the past seven years :—

Family History.

Year	No. of Deaths from Cancer	No. whose relatives, etc. had died from Cancer		Relatives who had previously died of Cancer				
				Parent ents	Wife or hus-band	Bro-ther or Sis-ter	Other Rela-tives	Several cases in family and relatives.
1928	87	3	3.4%	2	–	1	–	
1929	103	14	13%	6	3	3	2	
1930	98	10	10%	5	–	3	2	
1931	111	13	11.7%	8	1	3	1	
1932	111	7	6.3%	5	1	1	—	
1933	126	14	11.1%	6	4	—	4	
1934	132	22	16.6%	7	4	6	4	1

Arrangements for Radium Treatment.

Arrangements have been made through the agency of the Warrington and District Committee of the British Empire Cancer Campaign for free radium treatment for residents of this district at the Liverpool Radium Institute.

Whilst radium treatment is free, a charge of 4s. per day for maintenance is made for cases that have to be admitted to the Institute.

The Local Authority has agreed to defray part or the whole of the cost of this for necessitous Warrington cases.

"Recommends" and full particulars are available on application to the Medical Officer of Health.

Since the scheme with the Radium Institute was commenced in 1931

62 Recommends have been given to 59 patients resident within the Borough (3 patients have had 2 Recommends).

The following table gives the condition of the patients, as far as can be ascertained, at the end of 1934 :—

Said to be recovered	5
Said to be much improved	9
Said to be slightly improved	14
Said to have temporary improvement but not maintained	3
Died in Institution	5
Died since discharge	20
Removed, and present address not known	3
	59

X-Rays for Diagnosis.

There are adequate facilities for X-Ray examination both at Warrington Infirmary and the Borough General Hospital.

TUBERCULOSIS.

No. of Cases in the Borough.

To our knowledge the number of persons suffering from Tuberculosis resident in Warrington at the end of 1934 was 528, divided as follows :—

	Males.	Females.	Total.
Pulmonary	183	106	289
Non-Pulmonary	113	126	239
	296	232	528

and living in close contact with these 528 cases were 2,134 persons.

This number (528) shows a considerable reduction from the previous year, when we had 593 cases on the register.

Our register is revised at the end of each year and cases are struck off which have left the town or apparently been well for several years (5 years for pulmonary, and 3 years for non-pulmonary cases).

Notifications.

The number of new cases notified during 1934 was 116, compared with 112 for 1933.

A summary of all new cases under the different ages and sexes is given in the table in the Appendix, page 148.

78 or 67.2 per cent. of the notifications were new cases coming to the Tuberculosis Officer before notification for his opinion as to diagnosis :—

45 were sent by Private Practitioners.
27 were seen at the Borough General Hospital.
1 was seen at the Warrington Infirmary.
5 were contacts.

In addition to the 116 notifications, 8 cases (4 pulmonary and 4 non-pulmonary) came to our knowledge from other sources (*e.g.*, 4 transferred from other districts, 1 death found on death-returns, 3 posthumous notifications).

DEATHS.

The number of persons certified as having died from Tuberculosis during 1934 was 68 (56 pulmonary and 12 other forms). This gives us a death-rate of 0.84 per 1,000.

DEATHS DURING 1934 DIVIDED INTO AGE PERIODS :—

	Pulmonary	Non-Pulmonary	All forms
1934	0.69	0.15	0.84

Extracts from the special tables that have to be prepared annually for the Ministry of Health are given on pages 148 to 156.

Age Periods Years	Pulmonary Male	Pulmonary Female	Non-Pulmonary Male	Non-Pulmonary Female
0	—	—	1	—
1	—	—	2	1
5	—	1	—	—
10	—	1	—	—
15	2	5	1	1
20	2	3	1	—
25	4	4	1	2
35	3	3	—	2
45	13	3	—	—
55	7	2	—	—
65 and upwards	2	1	—	—
	—	—	—	—
Totals	33	23	6	6
	—	—	—	—

NON-NOTIFIED DEATHS.

There were 4 non-notified deaths during 1934—2 pulmonary and 2 non-pulmonary. Three of these died in Borough General Hospital, and 1 at Blackpool.

The percentage of such deaths has fallen very considerably since 1920, when it was 21.5%, as in 1934 it was only 5.8%.

The following table shows percentage in 5 year periods since 1921 :—

	Non-notified Deaths	Total Deaths	Percentage of non-notified Deaths
1921—1925 (5 years)	52	575	9.04
1926—1930 (5 years)	33	534	6.10
1931 (1 year)	7	104	6.73
1932 (1 year)	4	90	4.44
1933 (1 year)	8	80	10.00
1934 (1 year)	4	68	5.88

SUPERVISION.

No change has been made in the staff or in the method of supervision of the cases at the Dispensary, as was described in some detail in the 1930 Report.

DISPENSARY.

Number of attendances in 1934 :—

	Adults	Children	Total
New cases	292	153	445
Old cases	217	92	309
Attendances for examination	927	415	1342

In addition to these attendances there were 107 attendances for treatment; also 2,960 for interviews, etc., making a total of 4,409.

X-RAY EXAMINATIONS.

Number of cases X-rayed in 1934 was 581, compared with 524 in 1933, and 463 in 1932.

CONTACTS.

During 1934, 128 contacts with cases of the disease were specially examined by the Tuberculosis Officer, and of these 5 were found to be suffering from Tuberculosis.

CO-OPERATION WITH GENERAL PRACTITIONERS.

The relations of the Tuberculosis Department with the local doctors are excellent, and 137 patients were sent up for special examination during 1934 by their private practitioners.

WORK IN THE HOMES.

Visits paid during 1934 by the Tuberculosis Inspector and Nurse :—

	Pulmonary	Non-Pulmonary
Visits paid to homes of notified cases, for the purpose of making enquiries and giving advice	88	36
Visits paid to homes of notified cases, to ascertain progress of patient, if instructions are being carried out, etc., etc.	778	594
Visits to arrange for disinfection and cleansing of homes after death or removals to institutions or another address	29	—
Miscellaneous visits to doubtful cases, etc. ...	21	18
	916	648
	1564	

After Care.

Details of the work under this head were given in 1930. We must again place on record our indebtedness to the Local Secretaries of the British Red Cross, Council of Social Service and United Services Fund for much help and financial assistance of patients in this branch of our work.

Other Work.

Disinfection, 88 houses.
Bacteriological Examination of Sputum, 596.
Certificates for Ministry of Pensions, 78.
Certificates for United Services Fund, 42.
Applications to Red Cross Fund for Assistance, 22.
Applications to Council of Social Service for Assistance, 20.

TREATMENT OF TUBERCULOSIS.

Home Nursing and Extra Nourishment.

Reference may be made to the 1930 Report for details with regard to this.

During 1934, 33 patients received extra nourishment.

Dental Treatment.

Arrangements have now been made to enable necessitous Tuberculosis patients requiring Dental Treatment to obtain it at our Borough General Hospital. Eleven cases were sent for treatment during the year.

Sanatorium.

All types of the disease are admitted to Hefferston Grange Sanatorium, the early with a view to cure, and the late with a view to prevention of spread of the disease to others.

We also deal with a certain number of outside cases as well as our own, viz., from Cheshire and Lancashire Counties and from Wigan.

The following are the details of the 1934 cases treated :—

	Pulmonary Cases					
Warrington—	Early	Medium	Advanced	Observation	Non-Pul.	Total
Adults	15	62	49	14	—	140
School children	1	2	—	3	8	14
Under school age ...	—	—	—	—	1	1
Cheshire C.C.	1	23	28	—	—	52
Lancashire C.C.	1	10	4	—	—	15
Total	18	97	81	17	9	222

OBSERVATION CASES.

15 of these completed the period of observation, and 4 were found to be suffering from Tuberculosis and retained for treatment. Urgent cases are admitted almost immediately. Average period of waiting 5 days.

RESULTS OF SANATORIUM TREATMENT.

During 1934, 147 cases left Hefferston Grange Sanatorium, Weaverham, 98 were Warrington cases, and 49 were cases treated for the Lancashire or Cheshire County Councils.

	Early	Medium	Advanced	Observation	Non-Pul.	Total
Quiescent	8	19	15	—	7	49
Improved	—	4	10	—	—	14
No material improvement	1	1	1	—	—	3
Died in Sanatorium ...	1	4	12	—	—	17
Observation cases—						
Tuberculosis	—	—	—	4	—	4
Not Tuberculous ...	—	—	—	11	—	11
Total Warrington Cases	10	28	38	15	7	98

Considering that there is no selection of cases in our Sanatorum, but that all types are dealt with early, intermediate and advanced, these results must be looked on as very satisfactory, for in half the cases the disease is apparently arrested (49 out of 98).

Cases discharged from Hefferston who were treated for the Lancashire or Cheshire County Councils :—

	Early	Medium	Advanced	Observation	Total
Quiescent	1	5	4	—	10
Improved	—	4	4	—	8
No material improvement ...	—	9	2	—	11
Died in Sanatorium.....	—	8	12	—	20
Total	1	26	22	—	49

The average duration of treatment for all cases was 24 weeks, 1 day.

The longest period was 128 weeks for one of the cases.

Cases undergoing treatment at Hefferston on December 31st, 1934 :—

	Early	Medium	Advanced	Observation	Non Pul.	Total
Warrington cases	5	30	17	2	2	56
Cheshire C.C.....	1	6	9	—	—	16
Lancashire C.C.	—	1	1	—	—	2
Total	6	37	27	2	2	74

Dr. J. A. Delmege has submitted the following notes on treatment :—

SURGICAL :—

While Sanatorium treatment, with its power of raising the patients resistence, still remains the sheet-anchor of treatment, Artificial pneumothorax and Division of the Phrenic nerve are being more and more widely used as means of controlling the diseased lung, thus reinforcing the general improvement which sanatorium treatment brings about.

The method of artificial pneumonothorax is now tolerably familiar to the public, but Phrenic-division not yet so. In the hands of a competent surgeon it is, however, a simple enough procedure. Little risks attaches to the actual operation, no anæsthetic is required, and the effects rarely cause the patient any distress at all. Furthermore, it obviates the necessity of those regular refills of air, sometimes extending over a period of two years, which are inseparable from Artificial pneumothorax.

I now use both these methods regularly, my present practice being first to try and collapse the lung with an artificial pneumothorax ; if that proves unsatisfactory then to have the Phrenic nerve divided so as to obtain control of the lung in that way. The sanatorium is most fortunate in having the services of Mr. Graham Bryce, now specialist in chest-surgery at the Manchester Royal Infirmary, and I am much indebted to him for help and advice. Artificial pneumothorax I have not used quite so freely this year, as experience has shown that a number of early cases will get on well without it whilst on others Phrenic-division has been substituted.

In the immediate future the main line of advance in the treatment of pulmonary tuberculosis will undoubtedly be surgical ; more extensive surgical procedures are already being used with success in many chest hospitals up and down the country, and facilities for these will soon have to be afforded to patients here if they are to benefit from the latest methods of treatment.

GOLD :

I have been favourably impressed with the results of this treatment in selected cases, and am at present using it more extensively than heretofore.

The following figures for the year 1934 will give some idea of the amount of active treatment now being carried out at Hefferston Grange.

Cases treated by	A.P.	29	Number of refills.....		305
,, ,,	Gold	15	,, ,, ...		215
,, ,,	Phrenic Division	7			

AT THE DISPENSARY :—

A certain number of patients are sufficiently well to leave the Sanatorium and return to ordinary life before their treatment by artificial pneumothorax is completed. These receive regular air-refills at the Dispensary.

During the year there were 10 such cases and 71 refills were given.

J.A.D.

RECREATION.

The recreational facilities at the Sanatorium have been fully used, particulars of which were furnished in the 1931 Report. In addition, Putting Greens have been made during the year in front of the male and female Convalescent Blocks.

Our best thanks are due to the Rev. John W. Wilkie, who has undertaken the duties of Chaplain, and conducts a regular weekly service for the patients.

We have also to thank the various Concert Parties from Warrington who have provided entertainment at different times, which has been much appreciated.

X-RAYS FOR DIAGNOSIS.

There is no doubt that the provision at the Sanatorium of X-Ray facilities for diagnosis will be of great advantage in the treatment of patients by modern surgical methods. Not only will it enable the Tuberculosis Officer to control more adequately the cases of Artificial Pneumothorax, in which air is introduced into the chest, but it will mean that cases now unfit to make the journey to Warrington for an X-Ray examination, would be able to have one at the Sanatorium.

The most suitable place for the installation of an X-Ray Apparatus would be in a small addition to the premises opening from the existing operating theatre.

The Ministry of Health advise the provision of X-Ray facilities (see Report of Survey, page 122).

BOROUGH GENERAL HOSPITAL.

In addition to treatment at the Sanatorium, cases of Tuberculosis are admitted to the Borough General Hospital where the Ministry of Health has approved 8 beds for pulmonary, and 24 beds for non-pulmonary tuberculosis.

PULMONARY CASES.

Types of cases admitted to the Borough General Hospital.

	Early	Medium	Advanced	Observation	Total
Adults	6	20	28	8	62
School Children	1	—	1	1	3
Under School Age	—	—	—	—	—
Totals	7	20	29	9	65

Condition on discharge of the 58 cases who left the Borough General Hospital.

	Early	Medium	Advanced	Observation	Total
Improved	2	4	3	—	9
No Material Improvement	1	2	—	—	3
Died	—	4	15	—	19
Observation Cases—					
Found Tuberculous	—	—	—	3	3
Found not Tuberculous	—	—	—	4	4
Transferred to Hefferston Sanatorium for further treatment	5	8	6	1	20
Totals	8	18	24	8	58

The following cases were still undergoing treatment on December 31st, 1934 :—

	Early	Medium	Advanced	Observation
Adults	—	3	3	1
Children	—	—	—	—
Total	—	3	3	1

In addition to the above Warrington cases, 9 cases have been treated for Lancashire County Area and other Authorities.

Dr. Delmege visits the hospital on Wednesday each week. Cases suitable for Sanatorium treatment are transferred to Hefferston Grange.

After discharge from the Sanatorium and Borough General Hospital, the cases are kept under observation by the Tuberculosis Visitor, and are asked to attend the Tuberculosis Department from time to time for medical examination.

NON-PULMONARY TUBERCULOSIS.

The following are details of the cases treated during the year 1934 at various hospitals, in addition to 9 cases dealt with in our Sanatorium.

	In-patients.		Out-Patients.	
Parts Affected.	Adults	Children under 15 years	Adults	Children under 15 years
Tuberculosis of the Spine	4	8	3	2
,, ,, Hip	1	2	3	7
,, ,, Elbow	4	—	3	—
,, ,, Ribs	1	—	—	—
,, ,, Knee	—	1	—	1
,, ,, Ankle	4	—	—	—
,, ,, Abdomen	—	4	1	—
,, ,, Gland	4	10	6	11
,, ,, Skin	4	—	25	7
,, ,, Other forms	—	1	—	—
,, ,, Observation	—	2	—	1
Totals	22	28	41	29

The cases were treated as follows at the Institutions mentioned below :—

	In-patients.		Out-patients.	
	Adults.	Children.	Adults.	Children.
Borough General Hospital	15	23	13	19
Warrington Infirmary	3	4	24	10
Shropshire Orthopædic Hospital, Oswestry	3	1	—	—
Manchester Skin Disease Hospital....	—	—	4	—
Royal Children's Hospital, Liverpool	1	—	—	—
Totals	22	28	41	29

RESULTS OF TREATMENT.

In-Patients.

Forty-one of the 50 cases that received treatment in Residential Institutions were discharged.

The following table shows their condition on discharge :—

Hospital	Quiescent	Improved	No improvement	Observation found not tuberculous	Died	Total
Borough General Hospital	11	11	2	2	4	30
Warrington Infirmary	3	4	—	—	—	7
Shropshire Orthopædic Hospital	2	—	—	—	1	3
Manchester Royal Infirmary	—	1	—	—	—	1
Totals	16	16	2	2	5	41

Nine cases were still undergoing treatment on December 31st, 8 at Borough General Hospital and 1 at Shropshire Orthopædic Hospital.

Out-Patients.

MANCHESTER SKIN DISEASES HOSPITAL.

One case was discharged as recovered during the year.

Three cases are still attending. The cases have made a total of 31 attendances.

WARRINGTON INFIRMARY.

Sixteen cases attending for Artificial Sunlight treatment and dressings for skin diseases were discharged, 9 as recovered, 3 much improved, 3 ceased attending for various reasons, 1 was transferred to another form of treatment.

Eighteen cases were still attending for treatment on December 31st.

A total of 501 attendances have been made, 389 were for artificial sunlight treatment, and 112 for treatment at the Skin Disease Clinic.

BOROUGH GENERAL HOSPITAL.

Twenty-seven cases were discharged, 22 much improved, and 4 were transferred for in-patient treatment. One ceased attending.

Five were still attending on December 31st.

A total of 707 attendances were made for Artificial Sunlight treatment, etc.

The Cases attending the various hospitals for out-patient treatment have made a total of 1,239 attendances, 1,096 were for Artificial Sunlight, 143 for Skin Treatment.

Three patients were supplied with Surgical Appliances and one appliance has been repaired.

Section 62 of the Public Health Act, 1925, and the Public Health (Prevention of Tuberculosis) Regulations, 1925.

It has not been found necessary at any time in Warrington to put the foregoing powers into operation.

VENEREAL DISEASES.

Much valuable work was done in our Scheme under this heading during the year 1934 by Dr. Ellis Pigott, at Warrington Infirmary, assisted by Dr. Annie Mather.

1. PATHOLOGICAL EXAMINATIONS.

WASSERMAN BLOOD TESTS.

	Results		
	Pos.	Neg.	
For General Practitioners	—	9	9
For V.D. Clinic	54	107	161
For Health Department, Maternity Home and Borough General Hospital	2	48	50
	56	164	220

OTHER EXAMINATIONS.

See page 23.

2. FREE TREATMENT AT THE INFIRMARY CLINIC.

The number of attendances, 8,956, was slightly above the attendances for the past two years; in fact, only in 1931 were there more attendances.

For hours of consultation, etc., see page 31.

The number of attendances for the past eight years are compared in the following table :—

	1927	1928	1929	1930	1931	1932	1933	1934
Warrington	3907	5384	5569	5905	5831	5984	5821	5988
Lancashire	782	1258	1925	1481	1981	1878	1856	1801
Cheshire	436	867	1255	1465	1170	1092	1068	1167
Other	—	2	—	—	—	—	—	—
	5125	7511	8749	8851	8981	8954	8745	8956

Clinic Days	1927	1928	1929	1930	1931	1932	1933	1934
New Cases	163	190	180	180	196	181	208	195
Old cases	83	82	125	136	122	138	132	123

The forms of disease dealt with in 1934 were :—

	Syphilis		Soft Chancre		Gonorrhœa		Non-Venereal		Total
	Old Cases	New Cases	Old Cases	New Cases	Old Cases	New Cases	Old Cases	New Cases	
Males	30	35	—	—	22	36	—	20	143
Females	24	22	—	—	73	43	—	13	175

This shows a diminution in male cases, but an increase in female cases.

Attendances on Non-Clinic Days (Males and Females), for irrigation, douching, etc.

1928	1929	1930	1931	1932	1933	1934
4940	5923	5934	6055	5802	5464	5503

Cases Discharged as Cured :—

	1929	1930	1931	1932	1933	1934
Syplilis	15	22	30	41	41	34
Gonorrhœa	88	94	90	86	100	88
Soft Chancre	—	—	—	—	—	—
Non-Venereal	—	—	28	26	35	33
	103	116	148	153	176	155

I am indebted to Dr. Ellis Pigott for the following account of the work of the Clinic :—

During the year 1934 there has been an improvement in the regularity with which the patients have attended. This has been specially noticeable among pregnant women suffering from Syphilis, and children suffering from Congenital Syphilis.

Patients who cease to attend before completing their treatment are written to at regular intervals. The response to these letters has been very satisfactory.

We are finding it difficult to obtain satisfactory attendances from a section of the female patients who are suffering from Gonorrhœa. On investigation, most of these women are found to be domestic servants, barmaids, etc., a class who find it extremely difficult to leave their work at regular intervals without arousing the curiosity of their employers, and incurring the risk of dismissal, if the reason for their absence is discovered.

The routine treatment of Syphilis remains the same as that of the previous year, Stabilarsan, Novarsenobillon, Sulphostab and Hypoloid Bismuth being the preparations used.

Various new antiseptics have been introduced in the treatment of Gonorrhœa. We are now, as a matter of routine, making use of the Gonococcal Compliment Fixation test. This reaction is now done in the case of all new patients, both as an aid to the diagnosis and as a test of recovery. Serum is taken from suspected primary Syphilitic lesions, and examined for Treponeura Pallida, and the Wasserman Reaction is done for all cases, whether there is, or is not, a history of Syphilis.

3. PROVISION OF SALVARSAN SUBSTITUTES.

The number of doses of arsenobenzene supplied during 1934 is as follows :—

To Private Practitioners	44 doses.
To Treatment Centre	644 doses.

A total of 688 doses as compared with 644 doses in 1933.

Further particulars are given in the Special Return which has to be submitted annually to the Ministry of Health (see copy pages 157 and 158).

PREVENTION OF BLINDNESS.

Special Report, including a scheme for the prevention of blindness, was submitted in December, 1933.

The scheme received the approval of the Local Authority, and was submitted to the Minister of Health, under Section 66 of the Public Health Act, 1925, who sanctioned it for a period of twelve months.

The scheme came into operation on 1st April, 1934.

The following is a brief summary of the work undertaken :—

A. Measures Under Existing Services.

All existing services (*e.g.*, ante-natal, maternal and infant welfare, school medical, venereal diseases, tuberculosis, etc.), were carefully reviewed, especially with reference to the protection of vision. Arrangements were completed during 1934 for the establishment at Evelyn Street School of a Special Class for 22 partially sighted children.

In following-up cases of markedly defective vision in young persons, 14—16 years of age, after leaving school, 169 letters were sent to parents warning them of the necessity for periodically seeking the advice of a competent ophthalmologist. Several of these parents have applied to the Medical Officer of Health for information *re* facilities available.

B. Additional Measures in Scheme Under Section 66, P.H.A., 1925.

Steps were taken to publish the fact that the Medical Officer of Health was empowered to make arrangements for the provision of treatment either at hospital or otherwise for persons who are not blind, but who may become blind unless efficient or prompt treatment is undertaken, and who are otherwise unable to obtain such treatment.

(a) The Medical Officer of Health attended a meeting of the local practitioners, explained the scheme, and was promised their support.

(b) A circular letter, giving full information, was sent to all practitioners.

(c) The three specialists under the National Ophthalmic Treatment Board Scheme were communicated with, and expressed their willingness to co-operate in the work.

(d) The Ophthalmic Surgeon at Warrington Infirmary promised to notify the Medical Officer of Health, through the secretary, of any defaulting patient who ought to be attending regularly in order that steps to secure more regular attendance might be undertaken.

The Clerk to the Insurance Committee (Mr. A. Tilling), too, rendered assistance.

Formal notice was given to all Insurance Practitioners in accordance with Clause 9 (1) of the Practitioners Terms of Service of the provision by the Local Authority of facilities for treatment in the prevention of blindness.

(e) The local representatives of the National Ophthalmic Board's Scheme (Messrs. Curry and Paxton, Ltd., 14, Legh Street, Warrington), were interviewed, and readily agreed to assist as far as possible.

It was arranged that any person eligible under the scheme who might apply to the local representatives and was unable to afford the fees, should be at once referred to the Medical Officer of Health. In addition the local representatives agreed to send a copy of every certificate received from the Board's Specialists (on Form N.O.T.B. 22) to the Medical Officer of Health.

This course was approved both by the general practitioners and the Specialists working the scheme in this area.

(f) Owing to pressure of other work, it has not been possible to undertake any extensive propaganda campaign on the subject, but attention has been drawn to it at a special public meeting, also at the Consultation Centres and the Hospitals, and by an article in the local issue of the "Better Health" Magazine.

I. Results.

Considerable attention has been paid to all border line cases as ascertained by the Ophthalmic Surgeon (Mr. Duthie) at his examination of cases presenting themselves for certification as blind persons.

As in past years much valuable work has been done by the Voluntary Society for the Blind in providing treatment for all persons in this category requiring it.

During 1934 the number dealt with was as follows :—

Unregistered "Border line" cases who had treatment	37
No. of visits to specialists and hospitals for advice and treatment	133

II. Under Section 66.

9 cases have been referred to the M.O.H.

6 applied directly of their own accord.
2 were referred by general practitioners.
1 was referred by N.O.T.B.

9 cases.

The cases consisted of :—

Glaucoma	1
Sympathetic Oph.	1
Septic eye socket after removal of eye	1
Squint	1
Corneal ulcers	1
Cataract	1
Marked errors of refraction	3

They were dealt with as follows :—

(a) 5 were referred to N.O.T.B.
(b) 4 ,, ,, ,, Eye Hospital.

(2 of these cases and their guides received railway warrants to Manchester on 9 occasions).

The total number of cases seen under the N.O.T.B. Scheme was 69 in Warrington during 1934.

Results of Treatment.

Two cases (Glaucoma and cataract) were successfully treated by operation, two cases still attending hospital for treatment, one case under observation, and 4 cases provided with spectacles and vision much improved.

Cost.

Payments to N.O.T.B.	£5 12 0
Travelling Expenses	£1 15 6
	£7 7 6

Remarks.

As was anticipated, the difficulty was to discover cases requiring treatment, but the scheme is now gradually becoming known, and the majority of the cases under it were dealt with at the end of the year. Already in 1935, four cases presented themselves in the month of January. I consider that the scheme serves a very useful purpose, and that valuable work in the prevention of blindness can be effected under it.

OPHTHALMIA NEONATORUM.

Maternity and Child Welfare Authority.

One of the greatest causes of blindness throughout the country in the past was Ophthalmia Neonatorum—a serious form of inflammation of the eyes of the new born. Great progress has been

made in the prompt treatment of this condition so that it does not now rank so highly as a cause. The position in Warrington for the past 10 years is shown as follows :—

Year	CASES			Vision unimpaired	Vision impaired	Total Blindness	Deaths	Total
	Notified	Treated						
		At home	In hospital					
1925	12	5	7	10	1	—	1	12
1926	4	2	2	4	—	—	—	4
1927	7	4	3	6	1	—	—	7
1928	3	2	1	2	—	—	1	3
1929	12	7	5	10	—	—	2	12
1930	4	1	3	4	—	—	—	4
1931	3	—	3	3	—	—	—	3
1932	6	3	3	6	—	—	—	6
1933	3	1	2	2	—	—	1	3
1934	4	3	1	4	—	—	—	4

HEALTH EDUCATION.

No Special Health Week was held in Warrington during 1934.

Educational work of one sort or another is proceeding regularly week by week each year through the efforts of the staff of all the various branches of our department.

The Magazine, *"Better Health,"* with local supplement, has been distributed monthly, free of cost, from the Health Department, and is much appreciated by the public receiving it.

By arrangement with the Central Council for Health Education, a periodical supply of posters on Health Subjects has been received and displayed in the frame obtained from the Empire Marketing Board, which Messrs. Joseph Crosfield and Sons have kindly permitted us to use outside their works in Liverpool Road.

Numerous leaflets on various subjects have been issued and circulated to the public during the year.

WELFARE OF THE BLIND.

A great deal of time is devoted by members of the Local Authority to the welfare of the blind in the area.

The Blind Persons' Sub-Committee for the administration of the Act of 1920 is a sub-committee of the Health Committee, and composed of all the members of that committee, together with 2 representatives of the Warrington, Widnes and District Society for the Blind, 2 representatives of the Warrington Branch of the National League of the Blind, and 1 unattached blind person. One of the representatives also represents the Education Committee.

Workshop Accommodation.

Attention was devoted to the necessity for increased accommodation in the Workshops. There is no room for new buildings owing to restrictions in the building byelaws, but a scheme was suggested whereby additional premises at the rear might be acquired and added to the present accommodation. This recommendation was, however, not approved by the Council.

Various premises were visited and inspected by a sub-committee in an attempt to discover suitable new quarters, but without success.

Finally, it was agreed that an attempt should be made to convene a Conference of representatives of the Lancashire County Council, the Warrington, Wigan and St. Helens Town Councils and the Warrington, Wigan and St. Helens Voluntary Societies to consider the possibility of pooling the workshop resources in South-West Lancashire.

Revision of the Register.

All applicants for registration are examined by an eye specialist. In addition almost the whole of the persons on the register for the blind have been re-examined, and the Form BD8 has been used in every case.

The Voluntary Agency, the Warrington, Widnes and District Society for the Blind, which carries out, on behalf of the Local Authority, much of the welfare work for the blind, continued its useful work during the year, and I am indebted to Mr. J. Hawthorn (the Secretary of that body) for the following Report :—

BLIND PERSONS ACT, 1920.

I have pleasure in detailing briefly, particulars of the Society's activities for the year ended 31st December, 1934. The usual registration statistics are also included.

At the conclusion of the period reviewed, there were 182 Borough Cases (100 males and 82 females) on the registers (one less than at the 31st December, 1933), and during the year 16 new cases were recorded, 2 cases were "decertified," 2 cases removed out of the Area, and there were 13 cases deceased.

Unemployable Blind Persons.

120 (66%) of the blind persons within the Borough are over 50 years of age (103 of them are in receipt of the Old Age or Blind Pension), and 86 cases, including some under 50 years of age, were assisted under the special scheme operated by the Society on the Corporation's behalf—the expenditure during the year under the latter scheme was £3,142 8s. 4d. Grants are paid by the Home Teachers either in the course of home visits to the blind, or at the Institute, in Museum Street, where 40% to 50% attend for their grants in person weekly.

Certification and Causes of Blindness.

All new cases during the year were examined and a large number of registered cases were re-examined by the Ophthalmic Surgeon, Dr. O. M. Duthie, of Manchester, and now the majority of the cases have been certified with the use of the approved form, Ministry of Health, D.B.8. The application of the new form for certification purposes assists me in maintaining accurate details of cases, in particular as to "causes of blindness," and a summary of the main causes of eye defects of the Borough cases is given immediately following :—

The consistent use of the more detailed information at the Society's disposal has helped considerably in "Preventive Work," particularly with those cases examined and found to be borderline, etc.

PARTICULARS OF EYE DEFECTS FOUND.

CONGENITAL AND UNDERMINED CAUSES.

	No.
Congenital, hereditary and developmental defects	36
Myopic error	13
Glaucoma, primary	9
Cataracts, primary	31
Retinitis Pigmentosa	1

INFECTIOUS AND BACTERIAL CAUSES.

Ophthalmia Neonatorum....	9
Syphilis—(*a*) Congenital	1
(*b*) Unspecified	1
Local infection of coats of eye	1
Measles	2
Eczematous kerato-conjunctivitis	1
Septicæmia, acute	1
Septicæmia, chronic ; auto-toxic, focal sepsis	7
Other infections—unspecified	2

TRAUMATIC AND CHEMICAL.	
Non-industrial	12
War Injuries	2
Sympathetic Ophthalmia	1
CAUSES BY GENERAL DISEASE.	
Anæmia and blood disease	1
Vascular disease, including cerebral vascular lesions (unspecified)	8
Disease of the Central Nervous System (unspecified)	1
Intracranial Neoplasm	1
Small Pox after effects	1
No Information as to Direct Cause	8
Cause uncertain	1
Total number of "certified" cases examined	151

Old-Age Pensions for Blind Persons.

I have to record that official communication from the Ministry of Health has been received setting out the lines of co-operation between voluntary Agencies and the Pension Authorities with regard to the granting of Old-Age Pensions to the Blind. This is a step much appreciated by my Executive Committee, who, in previous years, had cause for complaint, and had raised the matter in public conference owing to dissatisfaction with the present arrangement of things.

Workshops.

It is to be regretted that no progress can be reported with regard to the question of increased accommodation, the need for which is apparent, and has been referred to in this Report for several years. The Society's Executive Committee are anxious to co-operate in any scheme that will alleviate the present position, particularly so far as accommodation for females is concerned.

Trading has been fairly good in all departments except Brush-making, and the latter has been sadly affected by loss of several public contracts, in some instances through undue competition from other Workshops for the Blind, and, consequently, there has been much unemployment in this department. Unless there is greater co-operation among Workshops for the Blind, and particularly with regard to competition, the economy of Workshops will disappear. I am personally hesitant at "securing work at any price."

Handicraft Classes.

The Weekly Class (Mixed) is held at the Institute, and about 20 blind persons attend regularly throughout the year. Here the blind are taught Braille and Moon reading and writing, and light handicrafts at choice; refreshments are served, and class outings and socials are arranged at intervals. The question of increased alternative accommodation for this popular class is receiving consideration.

Prevention of Blindness.

In my 1933 survey of our work, I reported:—"During the year a careful look-out was kept for cases whose eyesight bordered on blindness, and several excellent operative results were our reward for recommending treatment in such cases." I cannot state our case for 1934 in better terms, and do endorse our work for this period in those words, only adding that the full expense of this department, which included the provision of spectacles in many cases, and the cost of over 210 visits to the Manchester Eye Hospital by others (apart from purely "local" treatment), is borne by the Society.

Close contact is maintained with the Health Department in dealing with this most important branch of the Society's activities.

Children with Defective Vision.

It is with much interest my Committee learns of the Education Committee's opening of a Special Class for partially sighted children—from experience amongst the present "adult" blind and borderline cases it is felt that the Education Committee's progressive step has been long required, and the Committee are to be complimented on the experiment, the results of which are anticipated to save much anxiety for the individuals concerned, and in the long run for the Society and the Blind Persons' Act Sub-Committee of the Corporation.

Social Activities.

It is gratifying to note that the Society sent away, or provided the means for a week's holiday for the whole of the Unemployable Blind population within its area—a record achieved by no other Society in the country, and which it is anticipated will be repeated for 1935.

The usual twice monthly Socials were continued, and the installation and maintenance of wireless sets, provision of white sticks and the like were provided as before. Annual Trips were held for all the Blind to Southport, the blind children to Blackpool, and the two Handicraft Classes to New Brighton and Wirral and Rhyl. Annual Christmas functions were held, and every blind person received a gift of socks, stockings or other woollen wear, and to those cases on the Registers normally in receipt of grants under the Borough and County Council Schemes, the Society presented a supplementary Christmas grant of half-a-crown.

The Ladies' Visiting Committee continued its highly appreciated work during the year, and on their recommendation, or on the advice of the Home Teachers, extra nourishment or convalescence grants, or grants for dental treatment, bedding, clothing, new glasses, etc., were made in numerous cases.

CONCLUSION.

I now append the usual statistical information :—

ANALYSIS ON THE REGISTER

		Males.	Females.	Total.
Persons on the Registers	—	100	82	182
New Cases	—	8	8	16
Deaths	—	8	5	13
Removals out of Borough	—	1	1	2
Decertified Cases	—	2	—	2
Number of visits made	5705	—	—	—
Books, Magazines & Periodicals received	444	—	—	—
Books, Magazines & Periodicals exchanged	1302	—	—	—
Number of Readers	51	—	—	—
Number of Lessons given in Braille, Moon & Handicrafts	764	—	—	—
Trainees	—	2	2	4
Awaiting Training	Nil	—	—	—
Number trained but Unemployed	—	—	2	2
Number of Persons Employed	—	28	10	38
Number of Persons Unemployables	—	63	64	127
Blind Children of School Age	—	4	2	6
Blind Children not at School	—	3	2	5
Number receiving grants under the Borough Scheme	86	—	—	—
Number receiving State Pensions	103	—	—	—
Persons sent to the M.O.H. for Preliminary examination	22	—	—	—
Visits of persons assisted with fares to Manchester for treatment	210	—	—	—
Persons examined by the Ophthalmic Surgeon	80	—	—	—
Number of Wireless Licences issued	155	—	—	—
Number of Tram "free" passes issued	165	—	—	—

DEFECTIVE CASES.

	Males.	Females.	Total.
(a) Mental	7	3	10
(b) Physical	10	3	13
(c) Deaf	1	7	8
(d) Combination of (a), (b) and (c)	3	2	5
Total	21	15	36

AGE PERIOD OF REGISTERED CASES.

	0–5	5–16	16–21	21–30	30–40	40–50	50–60	60–70	70–80	over 80	Total
Males	2	5	3	11	12	4	10	25	20	8	100
Females	1	4	2	7	6	5	11	15	22	9	82
Total	3	9	5	18	18	9	21	40	42	17	182

AGES AT WHICH BLINDNESS OCCURRED.

	0–1	1–5	5–10	10–20	20–30	30–40	40–50	50–60	60–70	over 70	Total
Males	7	3	4	10	13	4	6	17	24	12	100
Females.....	3	1	4	7	5	3	10	8	21	20	82
Total	10	4	8	17	18	7	16	25	45	32	182

I conclude with an expression of thanks from my Executive Committee to the Corporation and its departments, in particular to the Health Department, for the generous consideration and co-operation in our work for the Welfare of the Blind.

(Signed) J. HAWTHORN.

Appendix I.

The Ministry of Health Survey in 1934 of the Health Services of the Town.

The principle underlying the Local Government Act, 1929, is that Local Authorities should have as much freedom as possible in administering the health services under that Act. State aid in the form of "percentage grants" for various branches of our work was discontinued and replaced by what is known as the "block grant" system.

Under Section 104 (L. G. Act, 1929), one of the conditions in which the Minister may reduce the grant payable is "if he is satisfied. . . that the Council have failed to achieve or maintain a reasonable standard of efficiency and progress in the discharge of their functions relating to public health services."

In order that the Minister may be satisfied that each L. A. is maintaining a reasonable standard of efficiency, special inspections, both general and particular are required. These surveys are carried out by Medical Officers of the Ministry of Health approximately once during each grant-earning period.

The first survey in the case of Warrington took place early in 1934, and was undertaken by Dr. Donaldson, who remained in the town for about three weeks examining thoroughly the various branches of our work.

A letter and report from the Ministry as a result of the survey is given here, and immediately following it our reply to the various matters raised :—

COPY.

MINISTRY OF HEALTH,
Whitehall, S.W.1,
22nd November, 1934.

Ref. IIIa. 1779/4201.

Sir,—

I am directed by the Minister of Health to state that he has under consideration the reports made by his officers as a result of their survey of the Council's Public Health Services.

The Minister is glad to observe that, so far as can be judged from a general survey, the Council have reached a reasonable, and, in some respects, a high standard of efficiency in the discharge of their functions relating to public health. Amongst other

matters, he notes with interest the investigations which are being made relating to Cancer. The Council will, however, wish to be informed of those aspects of the services in which it appears to the Minister, as the result of the survey, that some further developments or improvements are desirable.

As regards matters of general sanitary administration, the Minister is advised that one of the most important problems which confronts the Council is the question of converting the present system of excrement disposal from a conservancy to a water carriage system in those parts of the Borough which are still dependent on pail closets. He trusts that the Council will give this important question their careful consideration with a view to securing an immediate increase in the present rate of conversion, and he will be glad to be informed of the action they propose to take.

With regard to the medical services, it appears to the Minister that the most serious question calling for the Council's consideration is the best mode of development of their Municipal Hospital. The Minister recognises that in appropriating this Hospital for public health purposes, the Council have done much to secure that separation from the Poor Law of provision for the sick, which it was the object of the Local Government Act, 1929, to promote; and that the Hospital occupies a position of great and growing importance in meeting the needs of the sick in the Borough. He is glad to note that since the appropriation some progress has been made towards an adequate classification of the patients, and that certain improvements in detail have been effected. It is understood that considerable additions to the Hospital have been suggested, and in particular provision for :—

(1) a new Nurses' Home;
(2) some additional ward accommodation;
(3) a new operating theatre
(4) a new X-Ray department.

Before referring in more detail to these structural improvements, the Minister desires to point out that in his view an essential need of the Hospital is a strengthening of the Resident Medical Staff, with the provision of the necessary additional accommodation. He is advised that the present Resident Staff is hardly sufficient for the existing volume of work, and that any considerable addition of ward accommodation will make it imperative to appoint a third Resident Officer. In this connection, the Council will doubtless wish to consider whether the administration of the hospital should not be under the control of a Resident Medical Superintendent, while remaining under the general administrative supervision of the Medical Officer of Health.

A new Nurses' Home would be clearly desirable even at the present time, when the nursing staff is hardly adequate for the number of patients, and the need will be still more acute when additions are made to the ward accommodation, with a consequent proportionate increase in the nursing staff.

With regard to ward accommodation, the Minister is advised that it is desirable to replace the accommodation at present provided in the block known as "the annexe," which cannot be considered suitable for the treatment of the acute sick, and that it would be advisable to make provision to replace the ailing babies' ward, which is situated within the grounds of the Isolation Hospital, in addition to providing accommodation for children who are at present treated elsewhere in the Hospital. There seems also to be a need for improved maternity accommodation.

On this matter generally, the Minister appreciates that an enlargement of the ward accommodation will afford fuller opportunities for a proper classification of the patients than exist at present. He assumes, however, that before they come to any conclusion on the approximate extent of the accommodation that should be provided, the Council will take the opportunity of consulting with representatives of the Voluntary Hospital in order that the most effective use may be made of the existing and future accommodation for the sick by continued co-ordination of the resources of both institutions.

The Minister is advised that the present operating theatre and X-Ray unit cannot be described as adequate, and that replacement is clearly desirable.

With regard to the Infectious Diseases Hospital, the Minister understands that at times this Hospital is overcrowded to an extent which must be regarded as unsatisfactory, and he is advised that consideration might be given to the question of shortening the stay in hospital of uncomplicated Scarlet Fever cases. There is also need for more single bed wards, and the provision of these, perhaps in a cubicle block, would be a desirable improvement.

The Minister would be glad to be informed in due course of the result of the Council's consideration of this letter, and of the accompanying memorandum, in which will be found comments on certain of the Council's other health services. If there are any matters on which it appears to the Council that a discussion at this office would be helpful, the Minister will be happy to make arrangements accordingly on being informed of the points which it is desired to discuss.

I am to add that as the Council is a member of the Lancashire Mental Hospitals Board, the question of the adequacy of the Mental Health Services must be considered in relation to the whole area covered by that Board, and has not, therefore, been dealt with on the present occasion.

In conclusion, the Minister desires me to express his appreciation of the assistance afforded to his officers during the survey.

I am, Sir,

Your obedient Servant,

(Signed) J. N. DARK.

MEMORANDUM.

1. TUBERCULOSIS.

(a) The number of contacts of Tuberculosis patients examined by the Tuberculosis Officer is small, and effort should be made to increase it. It is suggested that suitable measures for the education of the public on the subject of Tuberculosis, and the facilities available for combating it, should prove of assistance in the tuberculosis service.

(b) The provision of X-Ray apparatus at Hefferston Grange facilitate the use of modern methods of treatment, such as artificial pneumo-thorax.

(c) There would be advantage in arranging for the Tuberculosis Officer to take a post-graduate course.

2. VENEREAL DISEASE.

It is desirable that more use should be made of laboratory aids to diagnosis.

3. MATERNITY AND CHILD WELFARE.

(a) There appears to be a tendency to overcrowding at the Centres, particularly at the Brick Street Centre, and consideration should be given to the question of holding additional sessions at some of these Centres or of providing further Centres.

(b) Better arrangements are desirable for a night nursery in the Maternity Home.

4. FOOD ADMINISTRATION.

The number of samples of milk and other foods taken for analysis under the Foods and Drugs (Adulteration) Act, is extremely low, being only about one half the average figures for England and Wales, whilst the percentage of adulterated samples is high. It is, therefore, very desirable that the number of samples should be substantially increased.

5. WELFARE OF THE BLIND.

(1) EMPLOYMENT.

(i) New workshop accommodation is urgently needed as the present workshop is overcrowded, unsuitable and incapable of extension. The matter should be considered at an early date in connection with the Lancashire County Council, having regard to the number of potential workshop employees in the area served by the Warrington, Widnes and District Society for the Blind, who are ordinarily resident in the county. With regard to the best site for a workshop, the Minister is advised that it is not usually desirable that a workshop should be in a good shopping centre, but that a retail sale shop should be provided in such an area.

(ii) When considering larger premises, the possibility of introducing the occupation of mattress making should be explored.

(iii) The Minister understands that the employment procurable for boot repairers is limited in amount and spasmodic, and steps should be taken either to increase the supply of work or to re-train these workers in some other suitable trade.

(iv) The whole field of women's employment should be explored, particularly as regards flat machine knitting. The Council should consider whether each machine knitter would benefit by a refresher course at an Institution where expert instruction in high grade work is assured. A trial week for each worker in rotation at the Oldham Blind Womens' Industries, if it can be arranged, might serve to indicate how far re-training is likely to be successful. Steps should also be taken to secure proper publicity and to display attractively the goods made.

(v) The Council should reconsider the practice of bringing up the wages and augmentation of the women workers to a fixed sum regardless of their earnings, with a view to the adoption of a method of remuneration which will encourage the workers to maintain and improve their output.

(vi) The Minister trusts that in future there will be adequate co-ordination between the training institutions concerned, the Society conducting the workshops, and the Council as Local Education Authority, with a view to securing that suitable occupations are selected, and that adequate progress is made by the trainees in them.

(2) Financial Assistance.

It is understood that a very considerable number of blind persons in receipt of assistance receive their grants direct from the Home Teachers at their own home. As this takes up a considerable amount of the time of the Home Teachers, the Council should take steps to ensure that all blind persons who are capable of doing so should attend at the Institution for the Blind to receive their grants. In this connection attention may be drawn to Appendix II. of the Eleventh Report of the Advisory Committee of the Welfare of the Blind.

6. PUBLIC CLEANSING.

Steps should be taken to improve the conditions at the Helsby Street Tip, which might with advantage be brought under the control of the Cleansing Superintendent.

Re MINISTRY OF HEALTH SURVEY REPORT.
Reply to Letter 22/11/34. Ref. IIIa. 1779/4201.

CONSERVANCY SYSTEM.

Under matters of general sanitary administration, the Minister makes reference to the importance of conversion from the conservancy to the water carriage system of excrement disposal. The Local Authority fully appreciates the importance of this problem, and have engaged a Consulting Engineer to report fully on the whole question of re-sewering the Borough as a preliminary to a conversion scheme.

BOROUGH GENERAL HOSPITAL.

With reference to the development of the Municipal Hospital, considerable additions and alterations have now received the approval of the Council, and working drawings and tenders will in due course be submitted officially to the Minister.

A recent report by the Medical Officer of Health, which has been approved by the Local Authority, is enclosed (see pages), from which it will be seen that provision is being made for an increase in medical staff (to include a Resident Medical Superintendent), and in nursing staff. The old annexe will be replaced,

and improvement in the Maternity accommodation is included. The new babies' ward will be capable of accommodating all the cases from the ailing babies' ward, in Aikin Street Hospital. New operating theatres are to be built, and a receiving block incorporating a new X-Ray unit and other clinic accommodation will also be provided.

The enclosed Report also shows that the Lancashire County Council and the Voluntary Hospital have been consulted *re* the proposals, and have no objections to offer.

INFECTIOUS DISEASE HOSPITAL.

The Local Authority had already considered the question of shortening the stay in Hospital of uncomplicated cases of Scarlet Fever, and in 1930 the period of stay was reduced to 5 weeks. This period has been further reduced to 4 weeks during the past twelve months.

The provision of a cubicle block will receive consideration, in the event of any extension of this Hospital being undertaken.

MEMORANDUM.

Comments on the Memorandum accompanying the Minister's letter will be found enclosed with this letter.

In conclusion, the Local Authority desires me to express its thanks for the advise offered, and to state that its officials found the visit of the Minister's Officers of real assistance, and helpful in their work.

Yours faithfully,

COMMENTS ON MEMORANDUM.

1. TUBERCULOSIS.

(a) The examination of contacts of Tuberculous patients has always received the careful attention of the Tuberculosis Staff, and the table (appended hereto) showing the number of contacts examined in different County Boroughs during the year 1933 indicates that the proportion of examinations of contacts in Warrington is greater than the average. A considerable amount of time is devoted to this branch of work, and the Minister will be aware that at present the whole question of the value of contact examination is receiving the attention of the Joint Tuberculosis Council.

The necessity for health propaganda in all its branches is constantly under consideration by the Health Authority, and every opportunity is taken of placing before the public and the medical practitioners information of the facilities available in the area for combating Tuberculosis.

(b) The Local Authority recognises the value of X-Ray examination in facilitating the use of modern methods of treatment, and such examinations have heretofore been performed at the Borough General Hospital. In order that such facilities should be more readily accessible for patients at Hefferston Grange, however, the Authority has included in the estimates for 1935-36 the provision at the Sanatorium of an X-Ray unit (£839 for apparatus, etc., and £720 for premises).

(c) The Health Committee will consider the advisability of the Tuberculosis Officer attending a post-graduate course during the present year.

2. VENEREAL DISEASES.

The Medical Officer of Health has conferred with the Venereal Disease Officer, who has agreed that additional bacteriological tests will be used in connection with the work of the clinic :—

(1) Examinations for treponema are now to be made in all genital sores.

(2) W.R. is now being done as routine in all new patients.

(3) G.C.F. is now done in all cases of Gonorrhœa.

3. MATERNITY AND CHILD WELFARE.

(a) The overcrowding at some of the Centres is recognised, and efforts have been made to establish an additional Centre in the Latchford Area, on the new housing estate. Until this can be accomplished the question of holding an additional weekly session at Brick Street Centre will receive attention, and the Ladies' Committee are at present considering the subject.

(b) Arrangements have now been made at the Maternity Home to use the clinic consultation room as a night nursery.

4. FOOD ADMINISTRATION.

The number of samples to be taken annually recommended by the Ministry of Health is 3 per 1,000 of the population, which in the case of Warrington would mean 240 per annum. The number taken in recent years has been at the rate of 2 per 1,000, or 160 samples per annum (yearly average past 8 years = 162).

The reason for the high proportion of adulterated samples was due to the large number of duplicated examinations of adulterated milk supplies necessitated in tracing up original samples to their source (a) to show that contamination was not accidental, and (b) to attribute the blame to the person responsible.

The question of taking of additional samples will receive the careful attention of the Food and Drugs Inspector, in consultation with the Public Analyst for the Borough.

5. WELFARE OF THE BLIND.

(1) Employment.

The question of workshop accommodation has been receiving the consideration of the Society and the Local Authority for some time.

Recently a small Sub-Committee, composed of representatives of the Local Authorities and Voluntary Agencies in Wigan, St. Helens and Warrington, together with representatives of Lancashire County Council, has been formed to consider the possibility of pooling resources or acting jointly with regard to any new accommodation in this area.

(2) The whole problem of occupation is being considered.

(3) There is now only one boot repairer employed in the Workshop as the other two formerly employed were decertified lately.

It is suggested that this boot repairer be now trained as a basket maker in the Workshop, and that when competent he be employed in this latter occupation.

(4) It is not thought that under present conditions any useful purpose would be served by the attendance of the machine knitters at a "refresher" course at Oldham. If the accommodation for the female workers was adequate more efficient supervision could be carried out and the quality of the work thereby improved.

(5) Once the facilities for the female workers are adequate the present method of remuneration will be reviewed.

(6) The matter of adequate co-ordination between the Training Institution, the Society and the Board of Education has always received consideration, and it is felt that the present arrangements are now satisfactory.

(II) Financial Assistance.

The necessity for relieving home teachers of the routine work of the payment of grants is fully appreciated, and the question of a pay centre was considered immediately the 1929 Act came into operation, with the result that this Society was one of the first Institutions to establish a pay centre.

Approximately 50% of the Warrington Grant Cases attend at Museum Street weekly—which is a high percentage having regard to all the circumstances.

6. PUBLIC CLEANSING.

Steps have been taken to place the Helsby Street tip under the control of the Cleansing Superintendent.

CONTACTS EXAMINED IN DIFFERENT BOROUGHS, 1933.

Town	Population	Notified Total cases	Examined Contacts	% Contacts examined to Notified cases
Derby	142,000	138	312	226.08%
Sheffield	511,820	1584	2912	183.2%
South Shields	114,100	338	526	155.6%
Chester	41,070	63	82	130.2%
Warrington	**81,710**	**112**	**134**	**119.7%**
Stockport	127,000	171	176	102.9%
Rochdale	95,370	115	117	101.8%
West Bromwich	81,840	106	92	86.8%
Birkenhead	151,060	310	269	86.6%
Carlisle	58,560	84	66	78.5%
St. Helens	107,600	167	130	77.8%
York	84,720	103	78	75.7%
Birmingham	1002,603	1486	1022	69.9%
Salford	217,000	586	396	67.2%
Huddersfield	114,000	214	135	63.08%
Preston	117,800	163	92	57.5%
Oldham	136,700	198	113	57.07%
Bootle	77,210	235	127	54.05%
Lancs. C.C.	1795,073	2233	1015	45.5%
Cardiff	222,000	447	149	33.3%
Blackburn	121,400	108	16	14.8%

N.B.—The whole question of contact examination by T.O.'s is at the moment under consideration by the Joint Tuberculosis Council.

Appendix II.

Summary of Proposals for Alterations and Provision of New Accommodation at the Borough General Hospital.

1. INTRODUCTION.

The necessity for various improvements in the accommodation, both for patients and staff has long been recognised. The "annexe," which is still in use, was condemned as a hospital building more than 20 years ago, and the provision of a new Nurses' Home was considered by the Board of Guardians some years before the transfer of the Hospital to the Local Authority under the Local Government Act of 1929.

Since then the Health Committee have given careful consideration to the matter, and special reports have been furnished on the subject by the M.O.H. (Jan., 1930, Jan., 1931, Nov., 1931, May, 1934, Nov., 1934).

The Ministry of Health have from time to time recommended action, and alluded to it again in the recent Survey Report of 22nd November, 1934 (printed in Council Minutes, page 58, January meeting).

2. REQUIREMENTS.

The following are the main requirements :—

I. New accommodation for nursing staff. (No. of present staff and estimated future requirements are given in Appendix).

II. Provision of receiving block for patients.
,, ,, accommodation for ante-natal, dental and X-Ray cases.

III. Provision of accommodation in substitution for unsatisfactory arrangements or for relief of overcrowding :—

(a) for annexe;

(b) for the two balconies now used as wards;

(c) for the 2 small wards used for pulmonary tuberculosis.

(d) inadequate maternity unit.

IV. Provision of new operating theatres.

V. ,, ,, additional and more suitable storage accommodation.

VI. ,, ,, entrance from Lovely Lane with Porter's Lodge.

3. HOW PROVISION WILL BE MADE :—

NEW NURSES' HOME on Lovely Lane site to accommodate 116 nursing staff.

Dining rooms and kitchens to be built behind existing administrative block of hospital.

Domestic staff to be accommodated in present Nursing Home.

NEW WARD BLOCK of 3 floors (mainly on cubicle system).

Ground floor for children over 3 years and young persons up to 16 years of age 36

Middle floor for infants and young children 36

Top floor for surgical and pulmonary tuberculosis 28

NEW RECEIVING BLOCK AND CLINICS :

Incorporating dispensary, waiting rooms and clinics for ante-natal cases, dental cases and X-Ray cases.

New Stores opening off corridor behind this block.

NEW OPERATING THEATRES :

Over the new kitchen, entered from the first floor of the present home.

ALTERATION TO GROUND FLOOR ON FEMALE SIDE OF HOSPITAL :

To permit of better accommodation for maternity cases, special provision for puerperal cases and night nursery for babies.

NEW ENTRANCE WITH LODGE IN LOVELY LANE.

4. USE OF EXISTING ACCOMMODATION :—

NURSES HOME :

Ground Floor—Administrative.

First Floor—Accommodation for Resident Medical Superintendent and two Resident Medical Officers.

Top Floor—Accommodation for Domestics.

WARDS :

All babies and children and all cases of tuberculosis withdrawn from existing hospital and placed in new ward block (100 beds), enabling re-arrangement of maternity unit and withdrawal of all patients from the annexe.

Present operating theatre to be used for septic cases only.
,, X-Ray room to revert to use as side ward.

5. SITE.

Approval of Ministry of Health and Board of Education have been obtained to the appropriation of the necessary site in Lovely Lane. Proposals fully safeguard the recreational facilities by re-arrangement of tennis courts, bowling greens and children's playground.

ACCOMMODATION.

It should be pointed out that the proposals will increase the total bed accommodation by only about 14 beds, say from 286 to about 300. The new accommodation will be chiefly in substitution for unsatisfactory buildings, and not additional. In one sense the scheme may be said to be one of improvement, not of extension.

(The numbers of medical and nursing staff to be accommodated are given in the Appendix, pages

6. ESTIMATED COST :—

(a) CAPITAL :

New Buildings:	£
Lodge and Gates	480
Boundary Walls and Iron Fencing	1,360
Roads and Paths	2,900
Nurses' Home	30,594
Kitchen and Dining-room Block	7,815
Operating Theatres	5,447
Corridors	7,200
Children's Ward	22,786
Reception Block	11,311
Stores	2,502
Alterations:	
Administrative Block	1,500
Maternity Ward	1,300
	£95,195

Furnishing and Equipment:

Estimated Additional Furnishing	4,840
Re-organisation of Recreational Facilities in Lovely Lane	2,600

Architects Fees:

Quantity Surveyor, Clerk of Works	6,500

(b) Annual Maintenance:

The following additional annual expenditure will be incurred:

	£	£
Sinking Fund and Interest Buildings (50 years 3½%) (inc. Architects Fees, &c.)	4,335	
Sinking Fund and Interest, Recreation Grounds (20 years 3½%)	183	
Sinking Fund and Interest Furnishing and Equipment (10 years 3½%)	582	
		5,100
Salaries and Wages:		
(Resident Medical Superintendent commencing salary £800) out of this £300 at present paid to Visiting M.O., and £150 from specialists' fees will be available	350	
Nursing Staff	2,630	
Domestic Staff and Cleaners.....	1,610	
Other Staff, Porters, &c. (£740)	652	
		5,100
(of this £88 at present paid to P.A.C. for Lodge Keeper and Porters will be available).		
Provisions and Meals..	1,190	
Drugs and Medical Sundries	200	
Uniforms, Clothing, &c.	208	
Fuel, Light and Cleaning	1,000	
Telephones	25	
Rates and Taxes	40	
Insurance	176	
Laundry	550	
Sundries	285	
		3,674
		£14,016

Against this increased expenditure there will be a certain amount of increased income which has not been estimated, and has been left out of account.

The present estimated annual expenditure is £30,891 for 286 patients—£2 11s. 8d. per patient week.

The estimated annual expenditure after alterations is £44,907 for 300 patients = £3 12s. 0d. per patient week.

This will only be reached gradually, and the total will not be an additional charge initially in any one year.

(Present cost per patient week at Park Hospital, Davyhulme, £4 16s. 1d.).

7. POSITION WITH REGARD TO OTHER BODIES WHO HAVE HAD TO BE CONSULTED :—

(a) Ministry of Health :

Full details of the Scheme, plans and estimates have been discussed thoroughly, both with the medical and the architects staffs of the Ministry unofficially, and their last letter dated 8/1/35 concludes with the passage, "You may now take it that we are satisfied with the scheme which should be submitted to the Ministry officially in due course."

(b) Lancashire County Council :

(From one-fifth to a quarter of total cases dealt with annually are County Cases).

Details, plans and estimates have been submitted to the County Council, who, after consideration of them, state they have no comments to make. Steps are being taken to discover whether Lancashire County Council are prepared to enter into an agreement to continue to use the Hospital for a term of years.

(c) Warrington Infirmary :

The Board of Management of the voluntary hospital has to be consulted in accordance with the Local Government Act, 1929, in order to prevent possible overlapping in provision of accommodation for the sick of the area. The Scheme has been placed before them and will be considered by the Infirmary Board of Management at their Meeting on February 22nd.

8. NEXT STEPS.

If the Health Committee approve the Scheme, the next step will be to submit it to the General Purposes Committee, and the Council recommending that the Architects should now provide working plans and quantities, and obtain tenders for the work in order that the scheme in detail may be formally submitted to the Ministry of Healh as soon as possible.

G. W. N. JOSEPH, M.D., D.P.H.,
Medical Officer of Health.

Health Department,
Warrington, 18th February, 1935.

APPENDIX ON MEDICAL AND NURSING STAFF REQUIREMENTS.

The necessity for increased medical and nursing staff has been emphasised for many years, and attention was drawn to the matter even before the transfer of the Hospital to the Local Authority. The Local Authority since 1930 has increased the "personel" so far as inadequate accommodation permitted, but additional requirements must be met as indicated in the recent letter from the Ministry of Health (December, 1934), after the Survey of our Medical Services last year. The following is a quotation from the letter :—

With regard to the medical services, it appears to the Minister that the most serious question calling for the Council's consideration is the best mode of development of their Municipal Hospital. The Minister recognises that in appropriating this Hospital for public health purposes the Council have done much to secure that separation from the Poor Law of provision for the sick which it was the object of the Local Government Act, 1929, to promote ; and that the hospital occupies a position of great and growing importance in meeting the needs of the sick in the Borough. He is glad to note that since the appropriation some progress has been made towards an adequate classification of the patients and that certain improvements in detail have been effected. It is understood that considerable additions to the Hospital have been suggested, and in particular provision for :—

(1) a new Nurses' Home ;
(2) some additional ward accommodation ;
(3) a new operating theatre ;
(4) a new X-ray Depaitment.

Before referring in more detail to these structural improvements, the Minister desires to point out that in his view an essential need of the hospital is a strengthening of the resident medical staff, with the provision of the necessary additional accommodation. He is advised that the present resident staff is hardly sufficient for the existing volume of work and that any considerable addition of ward accommodation will make it imperative to appoint a third resident officer. In this connection, the Council will doubtless wish to consider whether the administration of the hospital should not be under the control of a resident Medical Superintendent, while remaining under the general administrative supervision of the Medical Officer of Health.

A new Nurses' Home would be clearly desirable even at the present time when the nursing staff is hardly adequate for the number of patients, and the need will be still more acute when additions are made to the ward accommodation, with a consequent proportionate increase in the nursing staff.

I. MEDICAL STAFF.

Present Medical Staff.	Suggested Medical Staff.
Visiting Medical Officer.	Resident Medical Superintendent.
2 Resident Medical Officers.	2 Resident Medical Officers.
Consultants (as required).	Consultants (as required).

under administrative supervision of M.O.H.

II. NURSING STAFF.

The following tables show the numbers and distribution of the present nursing staff (Table A), and the future requirements (Table B).

The maximum would only be reached gradually as circumstance necessitated :—

A. DETAILS OF EXISTING NURSING STAFF AND HOW ACCOMMODATED.

Wards.	No. of Beds.	Day Staff.			Night Staff.			Other Staff.	Total.
		Sister.	S.N.	P.N.	Sister.	S.N.	P.N.		
Male Hospital A.	57	1	1	5	—	—	2		9
,, Hospital B. with Theatre	61	2	1	6	—	—	3		11
Female Hospital A.	30	1	—	5	—	—	1		7
Female Hospital B.	43	1	—	5	—	—	1		7
Female Hospital C.	35	1	1	4	—	—	1		7
Female Hospital Annexe	42	1	—	7	—	—	2		10
Maternity	17	1	1	4	—	1	1		8
Night Sister	—	—	—	—	1	—	—		1
	285	8	4	36	1	1	11		61
Matron									1
Assistant Matron									1
Tutor Sister									1
Masseuses									3
							Total Staff		67

(Proportion of Nursing Staff to in-patients—1 to 4.5 patients).

B. DETAILS OF NURSING STAFF — EXTENDED HOSPITAL.

	No. of Beds.	Day Staff.			Night Staff.			Total.
		S.	S.N.	P.N.	S.	S.N.	P.N.	
Male Hospital "A"	54	1	1	6	—	1	1	10
Male Hospital "B"	49	1	1	6	—	1	1	10
Female Hospital "A" New Maternity Block	28	1	2	4 p.m.	—	1	2 p.m.	10
Female Hospital "B" Female Surgical	31	1	1	5	—	1	—	8
Female Hospital "C" Female Medical	28	1	1	4	—	1	—	7
Old Maternity Ward (Puerperal Pyrexia, &c.)	10	1	1	1	—	—	1	4
New Children's Block "A" Cubicles	20	1	1	5	—	—	—	—
Wards 2	16	—	—	4	—	1	2	14
New Children's Block "B" Cubicles	20	1	1	5	—	—	—	—
Wards 2	16	—	—	4	—	1	2	14
New Children's Block "C" Large Wards 2	20	1	1	5	—	—	2	—
Small Wards 2	8	—	—	1	—	—	—	10
Operating Theatre	—	1	2	1	—	—	—	4
Relief Night Staff	—	—	—	—	—	2	3	5
Ambulance Nurses	—	—	—	2	—	—	—	2
Receiving Ward Nurses	—	—	—	2	—	—	1	3
Relief Sister	—	1	—	—	—	—	—	1
Matron	—	—	—	—	—	—	—	1
Assistant Matron	—	—	—	—	—	—	—	1
Night Superintendent	—	—	—	—	—	—	—	1
Sister Tutors	—	—	—	—	—	—	—	2
Home Sister	—	—	—	—	—	—	—	1
	300	11	12	55	—	9	15	108
Staff for Out-Patients, X-ray and Dental Departments		1	2	3	—	—	1	7
Orthopædic Clinic		—	—	1	—	—	—	1
Total Resident Staff—(New Nurses' Home)								116
Principals (including Night Superintendent and 2 Sister Tutors)								6
Sisters (including Relief and Out-Patient Sisters)								12
Staff Nurses								23
Probationer Nurses								75
Total								116

(Proportion of Nursing Staff to in-patients—approximately 1 to 3 patients).

Resident Domestic Staff (2nd Floor Old Nurses' Home)—14.

Appendix III.

Public Assistance Domiciliary Medical Service.

Regulations Governing Terms and Conditions of Service of Medical Practitioners.

The Scheme shall come into operation on the 1st February, 1935.
The regulations for the medical attention and treatment of Poor Persons referred to a Medical Practitioner shall be as follows :—

The Medical Practitioner to visit and treat a patient whose condition so requires at any place in the Borough where the patient may at the time be. (The treatment which a practitioner is required to give to his patient comprises all proper and necessary medical services other than those involved in the application of special skill and experience of a degree or kind which general practitioners as a class cannot reasonably be expected to possess).

The Relieving Officer to issue a medical relief card, the same to be countersigned and dated by the Medical Practitioner (see Form (*a*)). (A list of those available, including Surgery Hours, will be printed and exhibited at the Public Assistance Offices, Museum Street, Warrington).

The Medical Practitioner to "sign off" patient when recovered and to return the Medical Record Card to the Medical Officer of Health with his monthly return referred to below. The Medical Officer of Health to return cards to the Public Assistance Officer.

THE MEDICAL PRACTITIONER

to attend and treat at the places, on the days, and at hours to be arranged to the satisfaction of the Public Assistance Committee, any patient who attends there for that purpose, but to be permitted, with the consent of the Public Assistance Committee, to alter the places, days or hours of his attendance, or any of them ;
to provide proper and sufficient surgery and waiting room accommodation for patients ;

to issue prescriptions for drugs and appliances, to be signed by the practitioner with his own hand, but not to be written in such a manner as to necessitate reference on the part of the person supplying the drugs or appliances to a previous prescription ;

Note.—The drugs, appliances, dressings, etc., recommended for patients on prescriptions shall be subject to the same regulations as govern the prescribing of these articles under the National Health Insurance Acts.

to advise a patient whose conditions is not within the scope of the practitioner's obligations, as to the steps to be taken to obtain that treatment ;

Note.—Ophthalmic cases should be referred to the Medical Officer of Health.

on the admission to an institution or hospital of any patient under his care, to supply the Medical Officer thereof, if required, with such information as may be in his possession as to the medical history of the case ;

in the event of a case arising of a patient who has been recommended by his/her Medical Practitioner for hospital treatment, and such patient

refusing institutional treatment, to continue domiciliary treatment and report the case to the Medical Officer of Health, who will submit the same to the Public Assistance Committee for consideration ;

to meet the Medical Officer of Health when the latter so requires for the purpose of examining, in consultation, any patient in respect of whom the practitioner has sought the advice of the Medical Officer of Health ;

to give to the Medical Officer of Health, when required by him, any reasonable information respecting the case of any patient who is, or has been, under his care, and certify, in writing, on the request of the Medical Officer of Health, or of the patient whom he is attending, the sickness of the patient, or other cause of his attendance on him ;

upon due notice being given, to afford to the Medical Officer of Health, or such other person as he may appoint for the purpose, access at all reasonable times to the practitioner's surgery or other place where the records are kept, for inspection of those records ;

to answer any enquiries of the Medical Officer of Health regarding any prescription issued by the practitioner and furnish such information as the Medical Officer of Health or Minister may from time to time direct with respect to any cases of sickness or death amongst patients ;

In making entries in books, record papers, or other records, to employ the terms used in the volume prepared by a Joint Committee appointed by The Royal College of Physicians of London, and entitled "The Nomenclature of Diseases" ;

to send to the Medical Officer of Health a monthly statement of patients attended (see Form (*c*)) ;

to keep Clinical records of each patient similar to those kept by Insurance Practitioners for insured patients (see form (*d*)). This record, if a patient changed his or her doctor, to be returned to the Medical Officer of Health ;

to have the right to refuse to accept a patient. He must, however, accept responsibility for the patient's treatment pending the submission of a report to the Medical Officer of Health, who will make arrangements for the transfer of the case and necessary treatment and report thereon to the Public Assistance Committee for their decision ;

to name to the Public Assistance Committee some duly qualified medical practitioner who will, in case of his absence or other hindrance to his personal attendance, act in his place.

CHANGE OF MEDICAL ATTENDANT.

A patient, once choosing his or her medical attendant, shall not be allowed to change that attendant until 12 months thereafter, except by mutual consent.

CAPITATION FEE.

A fee of 2s. 6d. per quarter will be paid to the medical attendant at the end of each quarter in respect of each case for whom a record card has been supplied by the Relieving Officer during that quarter.

SERVICES OF NURSE.

Medical Practitioners are reminded that in the case of children under five years of age suffering from the following ailments :—

Whooping Cough
Measles } or Pneumonia arising from these diseases.
Ophthalmia Neonatorum
Epidemic Diarrhœa.

requiring nursing attention in their own homes, the services of the district nurse can be requisitioned by application to the Health Department, Sankey Street.

PERSONS NOT NECESSITOUS REQUIRING EXTRA NOURISHMENT.

The attention of Medical Practitioners is drawn to the fact that the Public Assistance Committee can only grant assistance to persons who are destitute. The question as to whether a person is or is not destitute is one for the dertermination of the Public Assistance Committee, and their decision in the matter is final. In any case, therefore, which has not been referred to him by the Committee or by a Relieving Officer, if a Medical Practitioner considers the grant of medical extras to be necessary, he must first consider whether the case would appear to be one which could legally be assisted by the Public Assistance Committee. If he is satisfied that this is so, he should then refer the case to the Relieving Officer, who will investigate and report to the Committee. Should the Committee decide that the case is not one which they could assist, the Medical Practitioner will be so informed immediately in order that he can make his own arrangements with his patient relative to the supply of medical extras. The recommendation of the Medical Practitioner to be written on a special form and placed in a sealed envelope.

EXTRA MEDICAL RELIEF.

Recommendations for additional nourishment, as outlined in paragraph 8 of the circular letter to Medical Practitioners, must be forwarded to Relieving Officers (see Form (*b*)), who will bring them to the notice of the next Relief Sub-Committee—the Relieving Officers in the meantime granting such "medical extras" on their own responsibility in cases of urgent necessity. Special attention must also be paid to the directions contained in the foregoing paragraph.

EMERGENCY CASES.

In all cases where a Medical Practitioner attends and treats without receiving a Medical Relief Card, he must report the case forthwith to the Relieving Officer, who will issue a Medical Relief Card within 48 hours to the Medical Practitioner, who has given the service, if the patient is a Public Assistance case.

ADMISSION TO SPECIAL INSTITUTIONS OR CONVALESCENT HOMES.

Where a Medical Practitioner recommends that a patient be sent either to a Convalescent Home or for treatment in a special institution, he shall forward such recommendations to the Medical Officer of Health, who will, if necessary, examine such patient and forward a report to the Public Assistance Officer for submission to the Public Assistance Committee.

CERTIFICATES FOR SPECIAL PURPOSES.

There will be occasions when the Public Assistance Committee and the Relieving Officer will require to be supplied with a certificate (to be issued on a special form), respecting the condition of certain applicants who are not receiving Medical Relief. The certificate must be given by the Medical Practitioner to the patient, who must himself deliver it to the Public Assistance Officer or Relieving Officer. In such cases a fee of 1s. will be paid.

DURATION OF SCHEME.

The scheme is experimental and subject to revision at the expiration of a period of two years.

12th November, 1934.

WARRINGTON PUBLIC ASSISTANCE.

DISPENSARY SERVICE.

TO MEDICAL PRACTITIONERS ON PUBLIC ASSISTANCE MEDICAL PANEL.

(1) Arrangements have been made for the necessary dispensing in connection with persons receiving Poor Law Relief to be effected by upwards of chemists, all of whom are members of the National Health Insurance Panel of Dispensers.

(2) The procedure under the scheme will be closely allied to the National Health Insurance scheme, with certain important modifications, details of which are as follows :—

(3) PRESCRIPTIONS.
In order to obviate confusion in dealing with prescriptions, all forms issued by the Public Assistance Committee will be coloured pink.

(4) Chemists have been instructed that under no circumstances must they dispense upon a copy prescription, the original must be used in every case, and the same must bear the actual signature of the Medical Practitioner and not a facsimile stamp.

As to whether or not prescriptions in ordinary cases are written in duplicate is a matter for each Medical Practitioner to decide, but in all cases the orig nal must be passed to the chemist.

(5) DANGEROUS DRUGS.
The regulations in force respecting the National Health Insurance scripts in regard to the Dangerous Drugs Act, do not extend to Public Assistance prescriptions. It will be necessary therefore for prescriptions requiring the use of dangerous drugs to be written in duplicate by medical practitioners, in order that the chemist may send the original to the Public Assistance Officer for submission to the Pricing Bureau, and retain the copy for a period of two years, in accordance with the requirements of the Act referred to.

(6) FORMULARY.
Public Assistance and National Health Insurance prescriptions differ in that the former may refer to children under the age of 16, and it is important to note that all prescriptions required outside the National Health Insurance Formulary, say for children, must be written in full. No short titles must be used with the exception of those within the National Formulary, B.P., and B.P.C.

(7) APPLIANCES.
Chemists have been instructed that only appliances which are included in the Schedule of the National Health Insurance Act must be supplied. Cases requiring other appliances must be referred to the appropriate relieving officer.

(8) MEDICAL EXTRAS.

The legal position as regards the issue of the above is as follows :—

The Medical Practitioner is not empowered to order food, or articles of diet, as meat, fish, milk, cream, eggs, stout, &c., for patients in receipt of public assistance. Any direction that he may give to that effect will only amount to an expression of opinion on his part, that relief in food or other necessaries is required. The power of granting relief rests with the Public Assistance Committee, and in case of sudden and urgent necessity with the Relieving Officer, and any certificate given by the medical practitioner for the allowance of extra nourishment to any of his patients can only be regarded as a recommendation or statement of his opinion as to what is required.

Medical Practitioners are therefore requested to pay special attention to this matter, and should only recommend medical extras in very special circumstances.

When it is considered advisable that some addition should be made to the dietary of the patient, medical practitioners should consider whether this cannot be done by suggesting the issue of one or other of the following :—

(1) Extract of cod liver oil and malt ;
(2) Cod liver oil emulsion, and in particular cases
(3) Milk.

(9) URGENT CASES.

It will be necessary for Medical Practitioners to dispense in certain cases of sudden and urgent necessity when a chemist is not available. Payment will be made by the Public Assistance Committee at the flat rate of 1/- (one shilling) per case. Medical Practitioners must furnish particulars of each case when submitting quarterly accounts.

With reference to drugs, &c., necessitating personal administration by medical practitioners, i.e., hypodermic injections, serums, anti-toxins, &c., medical practitioners will obtain the necessary drugs, &.c, and forward an account in respect of each case, together with the invoice, to the public Assistance Committee, Museum Street, Warrington. Payment of the full cost will be made exclusive of any fees.

(10) QUANTITIES.

Medicine must only be supplied in bottles not exceeding 8 oz. capacity, and medical practitioners have been instructed to prescribe accordingly.

(11) COMMUNICATIONS.

All communications and enquiries must be addressed to the Public Assistance Officer, Museum Street, Warrington.

12th November, 1934.

Public Assistance Offices,
Museum Street,
Warrington.

WARRINGTON PUBLIC ASSISTANCE.

DISPENSARY SERVICE.

TERMS OF SERVICE FOR CHEMISTS SUPPLYING DRUGS AND APPLIANCES.

1. The receipt by the Public Assistance Officer of a formal application signed by a person or firm, or by some person duly authorised on behalf of a person, firm, limited company, or corporate body, entitled to carry on the business of a Chemist or Druggist under the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908, and its acceptance by the Public Assistance Officer on behalf of the Public Assistance Committee, shall constitute an acceptance by the applicant of these terms of service. In these terms of service the word "Chemist" means an applicant whose application has been accepted, and the word "list" means the list of such applicants made by the Public Assistance Officer.

2. The Public Assistance Committee may alter these terms of service as and from such dates as they may fix by giving one month's notice of the proposed alteration to each Chemist.

3. A Chemist may at any time give notice to the Public Assistance Committee that he desires to withdraw his name from the list, and his name shall be removed therefrom at the expiration of one month from the date of such notice, or of such shorter period as the Public Assistance Committee may agree.

The name of any Chemist who dies during the year will be removed from the list. Provided that where the business is carried on in accordance with the provisions of the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908, by a person who is his executor or administrator or the trustee of his estate, within the meaning of Section 16 of the former Act, that person shall be deemed to be a person included in the list so long as the business is carried on by him in accordance with the provisions of those Acts.

The Public Assistance Committee may at any time give notice to a Chemist that his name will be removed from the list, and his name will be removed therefrom at the expiration of one month from the date of such notice, or of such shorter period as the Committee may determine.

4. (1) The expression "appliance" in these terms means such medical and surgical appliances as may for the time being be prescribed by any Regulations of the Ministry of Health as forming part of medical benefit under the National Health Insurance Acts.

(2) A Chemist is required to suppply with reasonable promptness to any persons who presents an order for drugs or appliances on a prescription form provided by the Public Assistance Committee for the purpose, and signed by a Medical Practitioner on the Public Assistance Medical Panel, such drugs or appliances as are so ordered, and shall so far as practicable keep in stock for that purpose the drugs and appliances mentioned in the "National Health Insurance Drug Tariff" for the time being in force, determined by the Minister of Health under Article 6 of the National Health Insurance Medical Benefit Consolidated Regulations, 1928, and the second schedule of the aforementioned Regulations, respectively. In all cases where appliances which are not contained in the second Schedule mentioned above are required, the patient must be referred to the appropriate relieving officer.

(3) All drugs and appliances so supplied which are included in the "Drug Tariff" and Schedule respectively, shall be of a grade or quality not lower than the grade or quality specified therein. Drugs so supplied which are not included in the "Drug Tariff" shall be of a grade or quality not lower than the grade or quality ordinarily used for medical purposes.

All medicines supplied are to be dispensed either by or under the direct supervision of a registered pharmacist.

A chemist must dispense upon an original written prescription bearing the actual signature of a Medical Practitioner on the Public Assistance Medical Panel, and no payment will be made in respect of any drug or appliance supplied upon a carbon copy..

5. Drugs and appliances will be supplied at the place or places of business specified in the application made by the chemist, and the hours during which the place or places will be open for the supply of such drugs and appliances are those specified under the Regulations of the Ministry of Health relating to National Health Insurance.

6. If a person, upon presenting an order for any drug or appliance for which a bottle or other vessel, the price of which is specified in the "Drug Tariff" is necessary, requests the chemist to supply such bottle or other vessel, the chemist shall do so, and shall endorse the script to the effect that such bottle or other vessel has been supplied by him.

The cost of containers must be claimed for in each case, and the Public Assistance Committe will not make any payments in respect of containers unless the cost of same has been claimed in accordance with these terms.

Every encouragement is to be given to persons to provide their own containers, but in no case must a person be refused any requirement on the ground that no bottle or other vessel has been produced.

7. A Chemist shall, if so required by the Public Assistance Committee, furnish to the Committee a statement of the names and qualifications, if any, of any persons employed by him in dispensing medicines.

8. All drugs and appliances shall be supplied to the person presenting such order as aforesaid, free of charge to that person.

9. The Regulations in force respecting the National Health Insurance scripts in regard to the Dangerous Drugs Act do not extend to Public Assistance Committee prescriptions. It will be necessary, therefore, in all cases of such prescriptions which refer to dangerous drugs, for each prescription to be made out in duplicate, and the chemist will send the original to the Public Assitance Officer and retain the copy for a period of two years, in accordance with the requirements of the Act referred to.

10. All chemists must forward an invoice, together with the scripts, to the Public Assistance Officer, Museum Street, Warrington. Accounts will be paid monthly.

11. Any matters not referred to in the foregoing terms to be dealt with in accordance with the provisions of the third Schedule of the National Healtl. Insurance Draft Rules and Order, 1928.

All communciations and enquiries must be addressed to the Public Assistance Officer, Museum Street, Warrington.

NOTE.—Great care must be taken not to confuse the scripts and invoices of the Public Assistance Committee with those of the National Health Insurance Committee, and to assist in this matter, all Public Assistance forms are printed on pink paper.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1934.

Particulars of the incidence of notifiable diseases in the County Borough of Warrington during the year.

Disease.	Total Cases Notified	Cases Admitted to Hospital	Total Deaths
Smallpox	—	—	—
Scarlet Fever	244	228	5
Diphtheria	475	472	40
Enteric Fever	—	—	—
Puerperal Fever	2	2	1
Puerperal Pyrexia	12	12	—
Pneumonia	337	9	81
Erysipelas	49	6	4
Polio-Encephalitis	—	—	—
Encephalitis Lethargica	2	1	4
Measles (notifiable under 5 years)	779	28	13
Ophthalmia	4	—	—
Malaria	—	—	—
Cerebro Spinal Meningitis	4	3	1
Continued Fever	—	—	—

Disease.	Under 1 year	1–2 years	2–3 years	3–4 years	4–5 years	5–10 years	10–15 years	15–20 years	20–35 years	35–45 years	45–65 years	65 & over	Total	No. of Cases Removed to Hospital.
Scarlet Fever	2	4	16	17	23	116	31	17	15	2	1		244	228
Diphtheria	5	8	19	28	30	224	105	18	30	4	4		475	472
Measles	69	148	164	180	211	7							779	28
Pneumonia	31	27	21	19	14	72	19	12	39	23	43	17	337	9
Erysipelas	3	1			1	1	1		2	5	21	14	49	6
Puerperal Fever										2			2	2
Puerperal Pyrexia								1	9	2			12	12
Cerebro-Spinal Fever					1		3						4	3
Ophthalmia	4												4	
Encephalitis Lethargica								1	1				2	1

DEATHS. NOTIFIABLE DISEASES, 1934.

Disease.	Under 1 year	1–2 years	2–3 years	3–4 years	4–5 years	5–10 years	10–15 years	15–20 years	20–35 years	35–45 years	45–65 years	65 and over	Total
Small-pox													
Scarlet Fever		1	1	1		2							5
Diphtheria	2		2	4	6	22	2	1			1		40
Enteric Fever													
Puerperal Fever									1				1
Puerperal Pyrexia													
Pneumonia	20	5	7	5	4	4	2	1	1	8	13	11	81
Poliomyelitis													
Cerebro-Spinal Fever							1						1
Ophthalmia													
Erysipelas									1	1	1	1	4
Measles		8	3	2									13
Encephalitis Lethargica									1		2	1	4

Appendix V.

Borough General Hospital.

Particulars extracted from Page 1, Form Hosp. 6 (Ministry of Health), year ending 31st December, 1934.

NAME OF HOSPITAL.—Borough General Hospital, Warrington.

AREA AND POPULATION SERVED BY THE HOSPITAL.—Total Population=127,572 (County Borough of Warrington, Urban District Councils of Haydock and Newton-in-Makerfield, and Parishes of Burtonwood, Cuerdley, Great Sankey, Houghton, Myddleton and Arbury, Penketh, Poulton-in-Fearnhead, Rixton-with-Glazebrook, Southworth-in-Croft, Winwick-with-Hulme, and Woolston-with-Martinscroft).

DESCRIPTION.—A General Hospital, maintained under the Local Government Acts and Public Health Acts.

STAFFING. MEDICAL.

Medical Superintendent—Medical Officer of Health.

Visiting Medical Officer.

Resident Medical Officers—2.

Visiting Staff—1 Orthopædic Surgeon.
1 Tuberculosis Officer.
1 Dentist.
Specialists as required.

NURSING. No. of trained nurses 14
No. of probationer nurses ... 48

ACCOMMODATION. Total number of beds provided in the Hospital for sick and maternity cases at 31st December, 1934.

(a) for men 100
(b) for women ... 105
(c) for children ... 80 (excluding cots in maternity ward)
(under 16 years of age)

Total ... 285

BOROUGH GENERAL HOSPITAL.

TABLE SHOWING THE CLASSIFICATION OF THE ACCOMMODATION FOR SICK & MATERNITY CASES AND THE NUMBER OF BEDS OCCUPIED ON THE 31st DECEMBER, 1934.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN		WOMEN		CHILDREN (under 16 years of age).		Total.	
		Provided	Occupied	Provided	Occupied	Provided	Occupied	Provided	Occupied
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Medical	21	40	40	25	23	39 Cots 27 Beds	27 23	223 Beds and Cots	223
2. Surgical		26	26	22	21				
3. Chronic sick		20	20	24	21				
4. Children									
5. Venereal									
6. Tuberculosis	4	10	7	10		12	8	32	15
7. Isolation	3	4	4	7	4	1 cot 1 bed	1 1	13	10
8. Maternity	4			17	16			17	16
9. Mental—									
(*a*) Lunacy Act, 1890,									
(i) Short Stay									
(ii) Long Stay									
(*b*) Mental Treatment Act, 1930,									
(i) Voluntary									
(ii) Temporary									
10. Mental defectives									
11. Other									
Total	32	100	97	105	85	80	55	285	242

BOROUGH GENERAL HOSPITAL (continued).

Statistics relating to the year ended 31st December, 1934.

(A) IN-PATIENTS.

1.	Total number of admissions (including infants born in hospital)	2527
2.	Number of women confined in hospital	408
3.	Number of live births (3 sets of Twins)	375
4.	Number of still births	36
5.	Number of deaths among the newly-born (*i.e.*, under four weeks of age)*	25
6.	Total number of deaths among children under one year (including those given under 5)	47
7.	Number of Maternal deaths among women confined in hospital	3
8.	Total number of deaths	313
9.	Total number of discharges (including infants born in hospital)	2186

10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods :—

 (a) Four weeks, or less, 1898.

 (b) Exceeding four weeks but under thirteen weeks, 503.

 (c) Exceeding thirteen weeks, 98.

11. Number of beds occupied (a) average during the year 230.36; (b) highest 269 on 4/12/34; (c) lowest 172 on 31/8/34.

12.	Number of surgical operations under general anæsthetic (excluding dental operations)	297
13.	Number of abdominal sections	45

*This figure should relate only to children born in hospital.

(B) OUT-PATIENTS.

1. State the nature and scope of the out-patient provision (if any) for continuation of treatment, emergency treatment, consultations, or otherwise.

ORTHOPÆDIC CLINIC.—OUT-PATIENT DEPARTMENT (B.G.H.).

	Attendances.
Children (Education	3063
Children (Maternity and Child Welfare)	2063
Adults and Children (other than above-mentioned)	2389
Adults and Children (Tuberculosis scheme)	710
Total	= 8225

2. Total number of persons seen in the out-patient department 508

3. Number of these persons who were subsequently admitted for in-patient treatment in the Institution... 38

4. Number of these persons who had received in-patient treatment in the Institution..... 65

5. Total number of attendances in the out-patient department 8225

6. If there is an ante-natal clinic, give the number of women seen and the total number of attendances :—
460 Women. 1954 Attendances.

7. If there is a Venereal Disease clinic, give the number of patients seen and the total number of attendances ... None

DENTAL OUT-PATIENTS' DEPARTMENT
(Commenced 24th June, 1932).

Patients attended included :—

Ante-natal cases, Nursing Mothers, Children under 5 years, and cases from T.B. Dispensary—

M. & C.W.	8	Patients.
Ante-Natal Cases	56	,,
Nursing Mothers	20	,,
Children under 5 years	239	,,
Whitecross Institution Inmates	21	,,
Hefferston Grange Sanatorium	10	,,
Total	354	

BOROUGH GENERAL HOSPITAL (continued).

(C) CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE INSTITUTION DURING THE YEAR ENDED 31st DECEMBER, 1934.

DISEASE GROUPS	Children (under 16 years of age).		Men and Women.	
	Discharged	Died	Discharged	Died
A. Acute infectious disease	6	—	22	2
B. Influenza	1	1	14	2
C. Tuberculosis—				
Pulmonary	2	1	36	20
Non-Pulmonary	17	2	11	2
D. Malignant disease	—	—	27	31
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	2	—	15	—
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	44	1
(3) Chronic arthritis	—	—	11	2
F. Venereal disease	—	—	—	—
G. Puerperal pyrexia	—	—	15	—
H. Puerperal fever—				
(*a*) Women confined in the hospital	—	—	—	1
(*b*) Admitted from outside	—	—	4	3
I. Other diseases and accidents connected with pregnancy and childbirth	—	—	91	2
J. Mental diseases—(*a*) Senile Dementia	—	—	—	—
—(*b*) Other	—	—	—	—
K. Senile decay	—	—	20	20
L. Accidental injury and Violence	9	—	44	4
In respect of cases not included above :				
M. Disease of the Nervous System and Sense Organs	29	2	90	25
N. ,, ,, Respiratory System	120	15	197	60
O. ,, ,, Circulatory System	6	2	87	48
P. ,, ,, Digestive System	8	4	107	8
Q. ,, ,, Genito-urinary System	36	—	58	15
R. ,, ,, Skin	37	—	88	3
S. Other diseases	68	11	43	4
T. Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers	—	—	429	—
Infants	357	22	—	—
U. Any person not falling under any of the above headings	55	—	—	—
Totals	733	60	1453	253

Appendix VI.

MINISTRY OF HEALTH RETURNS.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Part I.—Summary of Notifications during the period from the 1st January, 1934, to the 31st December, 1934, in the area of the County Borough of Warrington. (to which this Return relates).

	Formal Notifications												
	No. of Primary Notifications of new cases of Tuberculosis.												Total notifications
Age periods.....	0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	Total (all ages)	
Pulmonary Males	–	–	–	–	3	6	10	7	9	11	1	47	65
,, Females	–	–	2	–	2	4	10	5	3	1	–	37	52
Non-pulmonary Males	2	3	1	2	4	1	–	3	–	–	1	17	23
,, Females	–	4	2	2	2	1	2	1	1	–	–	15	22

SUPPLEMENTAL RETURN

Part II.—New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age Periods.....	0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	Total
Pulmonary Males	–	–	–	–	–	–	2	1	–	1	1	5
,, Females.....	–	–	–	–	–	–	–	–	–	–	–	–
Non-pulmonary Males	–	1	–	1	–	–	–	–	–	–	–	2
,, Females	–	1	–	–	–	–	–	–	–	–	–	1

TUBERCULOSIS (continued).

The source or sources from which information as to the above-mentioned cases was obtained should be stated below :—

Source of Information	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns — from local Registrars	—	—
Death Returns — transferable deaths from Registrar General	—	1
Posthumous notifications	2	1
"Transfers" from other areas (other than transferable deaths)	3	1
Other Sources if any (specify)	—	—

Part III. **NOTIFICATION REGISTER.**

Number of cases of Tuberculosis remaining at the 31st Dec., 1934, on the Registers of Notifications kept by :— *District Medical Officers of Health in the County*, the Medical Officer of Health of the County Borough, or Metropolitan Borough	Pulmonary			Non-pulmonary			Total Cases
	Males	Females	Total	Males	Females	Total	
	183	106	289	113	126	239	528
Number of cases *removed* from the Register(s) during the year by reason *inter alia* of :—							
1. Withdrawal of notification	1	1	2	3	1	4	6
2. Recovery from the disease	27	15	42	26	22	48	90
3. Death	35	27	62	5	6	11	73

RETURN FOR THE YEAR 1934.

(A) Return showing the work of the Dispensary (or Dispensaries).

Diagnosis	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.—**New Cases** examined during the year (excluding contacts) :													
(*a*) Definitely tuberculous	52	32	—	2	7	6	6	8	59	38	6	10	113
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	7	5	1	1	14
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	76	80	18	16	190
B.—**Contacts** examined during the year :—													
(*a*) Definitely tuberculous	—	2	—	1	—	—	1	1	—	2	1	2	5
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	12	13	42	56	123
C.—**Cases** written off the Dispensary Register as :—													
(*a*) Recovered	19	15	—	—	9	12	10	3	28	27	10	3	68
(*b*) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	94	98	64	78	334
D.—**Number of Cases** on Dispensary Register on December 31st													
(*a*) Definitely tuberculous	157	88	7	3	50	54	47	48	207	142	54	51	454
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	7	5	3	5	20

1. Number of cases on Dispensary Register on January 1st	542	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	3
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	51	4. Cases written off during the year as Dead (all causes)	63
5. Number of attendances at the Dispensary (including Contacts)	1449	6. Number of Insured Persons under Domiciliary Treatment on the 31st December	122
7. Number of consultations with medical practitioners :— (*a*) Personal (*b*) Other	 166 135	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	52
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	1405	10. Number of :— (*a*) Specimens of sputum, etc., examined (*b*) X-ray examinations made in connexion with Dispensary work	 295 351
11. Number of "Recovered" cases restored to Dispensary Register, and including in (A) *a* and A (*b*) above	1	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	109

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the { Council / Joint Committee..... } One.

Provided by Voluntary Bodies None.

***(C) Number of beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council.**

Name of Institution	For Pulmonary Cases		For Non-Pulmonary Cases		Total
	Adults	Children under 15	Adults	Children under 15	
Hefferston Sanatorium, Weaverham.....	74	6	—	—	80
Borough General Hospital, Warrington....	8	—	12	12	32

*All institutions belonging to the Authority which are being used for the treatment of tuberculosis are to be included. Any of them which have not been appropriated for Public Health purposes and are being administered by a Public Assistance Committee are to be shown separately under the title of "Poor Law Institutions."

"Number of beds available," means the total number of beds in the Institution used for the purpose, whether they are all occupied or not, and whether they are occupied by patients from the area of the Authority, or are leased to or used by other Authorities.

(D) Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

		In Institutions on Jan. 1st (1)	Admitted during the year (2)	Discharged during the year (3)	Died in the Institutions (4)	In Institutions on Dec. 31st (5)
Number of doubtfully tuberculous cases admitted for observation	Adult males	1	14	13	—	2
	Adult females	1	6	6	—	1
	Children	—	7	7	—	—
	Total	2	27	26	—	3
Number of patients suffering from pulmonary tuberculosis	Adult males	34	95	64	24	41
	Adult females	7	43	24	11	15
	Children	2	3	2	1	2
	Total	43	141	90	36	58
Number of patients suffering from non-pulmonary tuberculosis	Adult males	2	13	11	2	2
	Adult females	—	7	6	1	—
	Children	9	27	25	2	9
	Total	11	47	42	5	11
Grand Total		56	215	158	41	72

(F) Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						†Totals		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
Tuberculous	3	2	—	1	1	—	—	—	—	—	—	—	4	3	—
Non-tuberculous	2	1	3	7	2	2	—	—	2	—	—	—	9	3	7
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	5	3	3	8	3	2	—	—	2	—	—	—	13	6	7

† The total of each of these columns should agree with the sum of (3) and (4) in the first section of Part D.

PULMONARY TUBERCULOSIS

Classification on admission to the Institution	Condition at time of discharge	Duration of Residential Treatment in the Institution															Grand Totals
		* Under 3 months but exceeding 28 days			3–6 months			6–12 months			More than 12 months			*Totals			
		M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	
Class T.B. minus	Quiescent	1	—	—	11	3	—	2	2	—	2	—	—	16	5	—	21
	Not quiescent	4	3	—	4	—	—	2	—	—	1	1	—	11	4	—	15
	Died in Institution	2	2	—	2	1	—	—	—	—	—	—	—	4	3	—	7
Class T.B. plus Group I	Quiescent	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group II	Quiescent	—	—	—	3	—	—	2	1	—	2	—	—	7	1	—	8
	Not quiescent	1	2	—	1	—	—	—	1	—	—	—	—	2	3	—	5
	Died in Institution	1	—	—	—	1	—	1	—	—	1	—	—	3	1	—	4
Class T.B. plus Group III	Quiescent	—	—	—	5	1	—	4	1	—	2	—	—	11	2	—	13
	Not quiescent	1	—	—	5	—	—	1	1	—	1	—	—	8	1	—	9
	Died in Institution	6	2	—	—	3	—	—	—	—	—	—	—	6	5	—	11
TOTALS (Pulmonary)		16	10	—	31	9	—	12	6	—	9	1	—	68	26	—	94

* Note.—Patients whose stay in residential institutions has not exceeded 28 days are no longer to be included in this table. (See Circular 1368).

TUBERCULOSIS (*continued*)

	Classification on admission to the Institution	Condition at time of discharge	Duration of Residential Treatment in the Institution														Grand Totals	
			* Under 3 months but exceeding 28 days			3–6 months			6–12 months			More than 12 months			*Totals			
			M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	
NON-PULMONARY TUBERCULOSIS	Bones and Joints	Quiescent	1	—	3	—	1	—	1	—	1	—	—	—	2	1	4	7
		Not quiescent	1	1	1	—	—	—	—	1	—	—	—	2	1	2	3	6
		Died in Institution	—	—	1	1	—	—	1	—	—	—	—	—	2	—	1	3
	Abdominal	Quiescent	—	—	—	—	—	1	—	—	1	—	—	3	—	—	5	5
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peri-pheral glands	Quiescent	—	—	2	—	—	3	—	—	—	—	—	—	—	—	5	5
		Not quiescent	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTALS (Non-Pulmonary)		2	1	7	1	1	4	3	1	2	—	—	5	6	3	18	27

* Note.—Patients whose stay in residential institutions has not exceeded 28 days are no longer to be included in this table. (See Circular 1368).

VENEREAL DISEASES.

RETURN relating to all persons who were treated at the Treatment Centre at Warrington during the year ended the 31st December, 1934.

	Syphilis.		Soft Chancre		Gonorrhœa		Conditions other than venereal		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Number of cases on 1st January under treatment or observation	30	35			22	36			52	71
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection										
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—										
Syphilis, primary	4	1							4	1
,, secondary	6	4							6	4
,, latent in 1st year of infection	2	1							2	1
,, all later stages	7	11							7	11
,, congenital	5	4							5	4
Soft Chancre										
Gonorrhœa, 1st year of infection					64	27			64	27
,, later					9	14			9	14
Conditions other than venereal							20	13	20	13
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection		1				2				
Totals of Items 1, 2, 3 *and* 4	54	57			95	79	20	13	169	149
5. Number of cases discharged after completion of treatment and final tests of cure (see Item 15)	22	12			55	33	20	13	97	58
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from :—										
Syphilis, primary	1								1	
,, secondary	2	2							2	2
,, latent in 1st year of infection										
,, all later stages	2	2							2	2
,, congenital										
Soft Chancre										
Gonorrhœa, 1st year of infection					4	3			4	3
,, later					2	1			2	1
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure (see Item 15)	2	1			3	1			5	2
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners		2			7	4			7	6
9. Number of cases remaining under treatment or observation on 31st December	25	38			24	37			49	75
Totals of Items 5, 6, 7, 8 *and* 9	54	57			95	79	20	13	169	149
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—										
Syphilis, primary	1								1	
,, secondary		1								1
,, latent in 1st year of infection										
,, all later stages	1	1							1	1
,, congenital										
11. Number of attendances :—										
(*a*) for individual attention of the medical officers	1190	729			772	641	69	52	2031	1422
(*b*) for intermediate treatment, *e.g.*, irrigation, dressing					4982	521			4982	521
Total Attendances	1190	729			5754	1162	69	52	7013	1943
12. In-patients :—										
(*a*) Total number of persons admitted for treatment during the year		1			1	1			1	2
(*b*) Aggregate number of "in-patients days" of treatment given		20			5	3			5	23

	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals.	
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	2	2	2	1		1	1		5	4

VENEREAL DISEASES (*continued*)

	Arsenobenzene Compounds	Mercury	Bismuth
14. Chief preparations used in treatment of Syphilis :—			
(*a*) Names of preparations	Stabilarsan Novarsenobillon Sulphostab.	—	Hypoloid Bi.
(*b*) Total number of injections given out-patients and in-patients)	601	—	883
15. Are the tests recommended in Memo. V21 as amended by Memo V21a followed in deciding as to the discharge of the patient after treatment and observation for syphilis and gonorrhœa?	Yes.		

	Microscopical		Serum Tests		
	for spiro-chetes	for gono-cocci	Wasser-mann	Others for Syphilis	for Gonorr-hœa
16. **Pathological Work :—**					
(*a*) Number of specimens examined at and by the medical officer of the treatment centre	11				...
(*b*) Number of specimens from patients attending at the centre sent for examination to an approved laboratory		192	133		15

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Warrington	Lancs.	Cheshire	Total
A. Number of cases in Item 3 from each area found to be suffering from :—				
Syphilis	32	4	10	46
Soft Chancre				
Gonorrhœa	80	22	14	116
Conditions other than venereal	26	6	1	33
Total	138	32	25	195
B. Total number of attendances of all patients residing in each area	5988	1801	1167	8956
C. Aggregate number of "In-patient days" of all patients residing in each area	8		20	28
D. Number of doses of arsenobenzene compounds given in the Out-patient Clinic and In-Patient Department to patients residing in each area	391	50	160	601